

BROKEN SYSTEMS

NAVIGATING FRAGMENTED
CARE & DOWNLOADED
RESPONSIBILITY FOR
2S/TNG COMMUNITIES

2023 - 2025

THE
SONOR FOUNDATION





Land & Waters Acknowledgement

JusticeTrans was founded in Tkaronto, now known as Toronto, on Treaty 13 and Williams Treaty territory. Tkaronto means “where there are trees standing in the water” in Kanien’Kéha. This is the traditional territory of many nations, including the Mississaugas of the Credit, the Anishnaabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples. We acknowledge these nations as the stewards of these lands and waters and thank them for their care.

We are now a national organization and our staff and board live, work, and play all across Northern Turtle Island, in what is colonially known as Canada.

We recognize and honour the more than 600 Indigenous nations have tended to these lands and waters as their home fires, and their traditional territories since time immemorial. This stewardship has made it possible for us to exist and do this work.

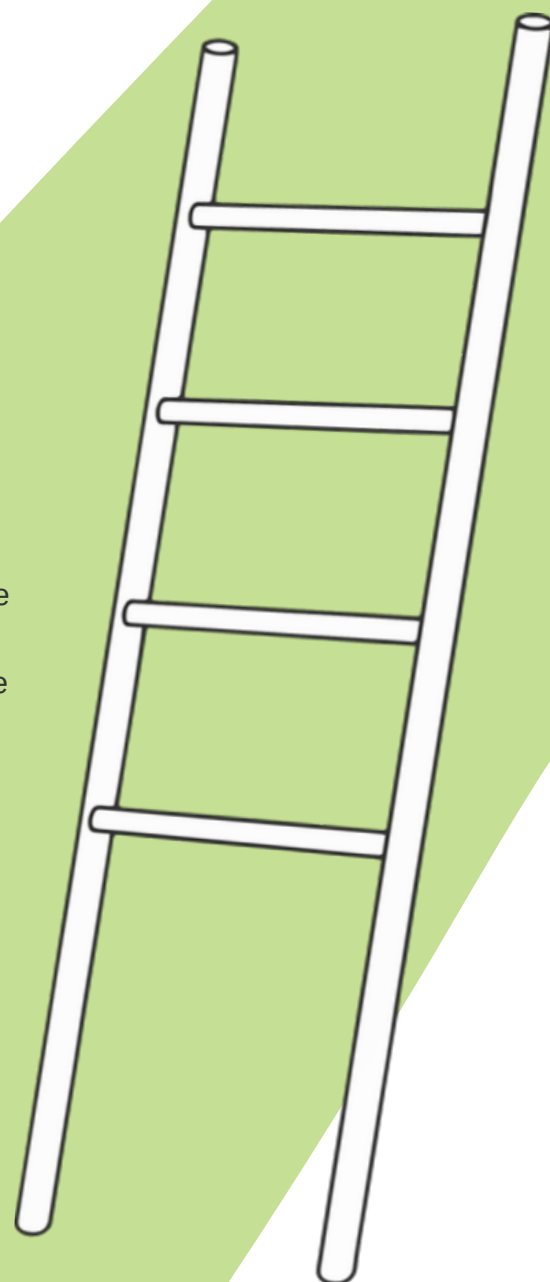
We stand in solidarity with Indigenous people and acknowledge that settler colonial oppression is ongoing. We are committed to do our part in the work of decolonization and seek to engage in meaningful and empowering relationships with the 2Spirit and Indigiqueer communities we serve.

For interactive maps of Indigenous territories and data visit:

- native-land.ca
- [The Map Room](#)
- [The Geo Viewer](#)
- [Residential Schools](#)

For more information on land acknowledgements please click [here](#)

Note: individuals located in different areas than those expressly named are encouraged to acknowledge the specific nations from their region.





Acknowledgements & Accountability

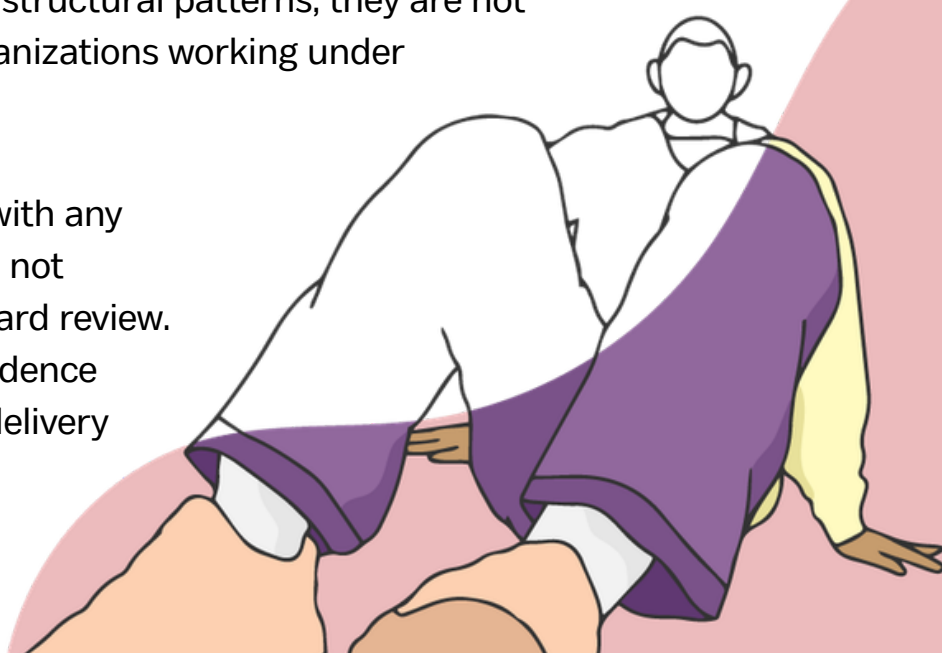
This report would not have been possible without the community members and organizations whose experiences and labour shaped this analysis. We are grateful to the individuals who contacted JusticeTrans seeking support, and to the 25 organizations across 10 provinces who participated in the national survey. Your candour and insight made this work possible.

This project was funded by **The Sonor Foundation**. Their financial support and ongoing guidance enabled the infrastructure documented here. At the SONOR Gathering (Fall 2025), more than 30 organizations echoed the same pressures and referral fragmentation described in this report, reinforcing the need for shared referral systems.

We extend our thanks to **TransCare+** and **Dr. Jacob Barry** for sharing a pre-existing dataset that supported the early stages of this work.

This report draws on JusticeTrans' internal administrative data and a 2025 national survey of 2STING-serving organizations. It integrates an environmental scan (what resources exist and where) with a needs assessment (what is lacking, where, and for whom). The findings identify structural patterns; they are not evaluations of individual organizations working under sustained constraint.

This project is not affiliated with any academic institution and did not undergo Research Ethics Board review. It reflects community-led evidence gathered through program delivery and sector consultation.





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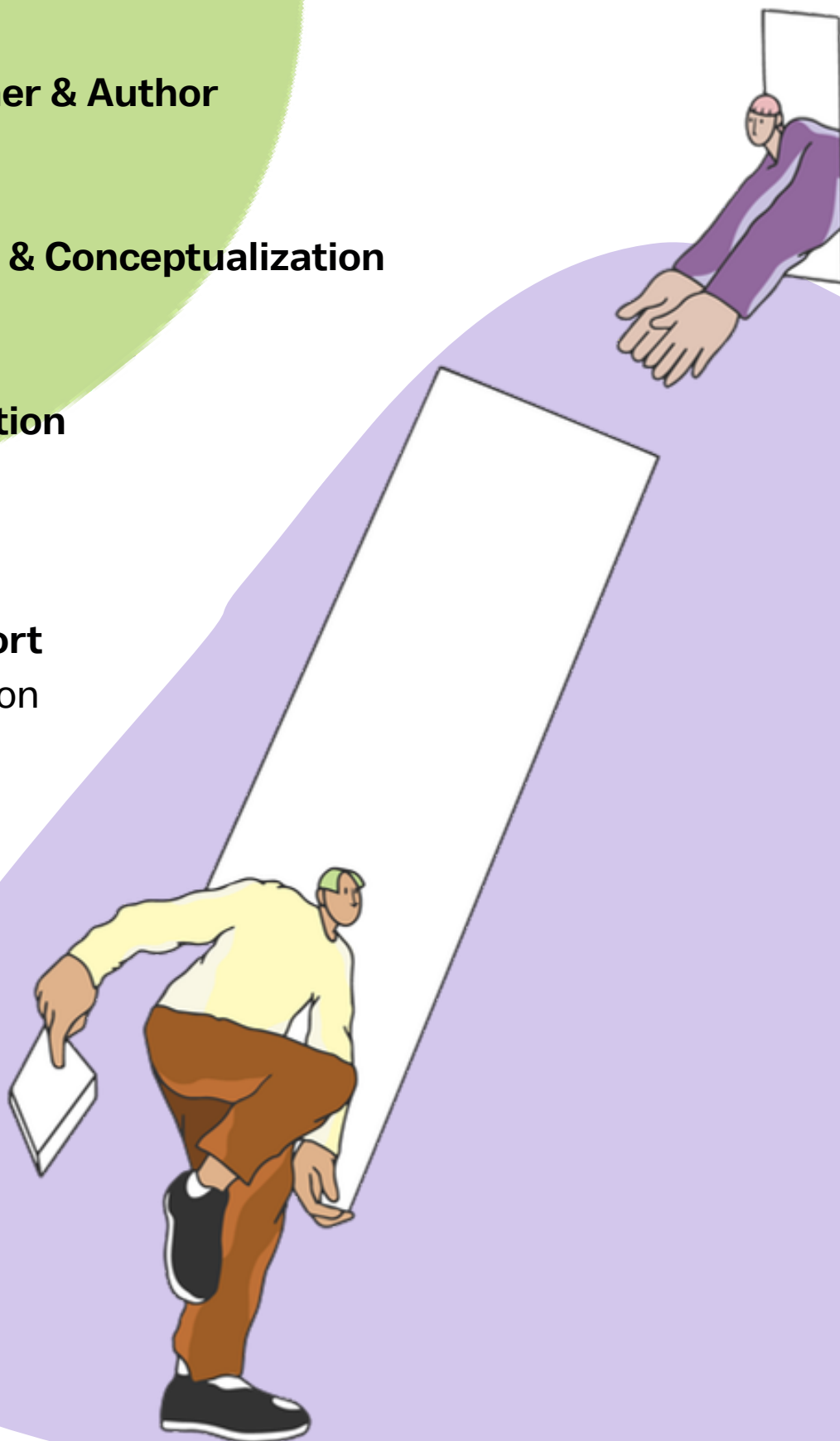
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Glossary

2S/TNG: 2-Spirit, trans, non-binary, and gender-diverse people. Used throughout this report as an inclusive umbrella term.

2SLGBTQ+: Two-Spirit, lesbian, gay, bisexual, trans, queer, and additional sexual and gender minorities.

PLEI: (Public Legal Education and Information) Non-representational legal information and education provided to the public. PLEI organizations do not provide legal advice or representation.

Gender-Affirming Care: (GA Care) Healthcare services that affirm a person's gender identity, including primary care, hormone therapy, surgical pathways, and related navigation.

Referral Work: The process of triage, verification, and navigation support connecting individuals or organizations to appropriate services.

Mandate Scope: The formal boundaries of services an organization is funded and authorized to provide.

Scope Mismatch: When community need exceeds or falls outside an organization's funded mandate.

Administrative Barriers: Procedural or bureaucratic obstacles (e.g., ID mismatches, documentation requirements, eligibility rules) that impede access to services or rights.

Harm Reduction (Organizational Context): Approaches that reduce risk and potential harm without requiring ideal system conditions.

Trans-for-Trans (T4T) Research Design: A research approach grounded in leadership, analysis, and interpretation by people with lived experience of the communities studied.

Infrastructure (Community Care Context): Shared systems, protocols, tools, and coordination mechanisms that support sustained service delivery across organizations and regions.





Table of Contents

Part I — Executive Summary	1
1. Overview	1
2. What We Did	2
3. What We Found	3
4. What We Built	3
5. What's Needed	4
Part II — Methodology	5
1. Research Design	5
2. Data Sources	6
a. Community Request Tracker	6
b. National Organizational Survey	7
3. Data Analysis	8
a. Quantitative	8
b. Qualitative	9
c. Integration & Triangulation	10
4. Ethics & Accountability	11
5. Limitations	12
Part III — Findings	14
1. Community Request Tracker Findings	14
2. National Organizational Survey Findings	18
Part IV — Structural Analysis	27
1. System-Level Pressures	34
2. Sites of Structural Strain	36
3. Taken Together	42
Part V — Infrastructure Response	43
1. National 2S/TNG Resource Guide	45
2. Referral & Response Policy	48
Part VI — Recommendations	53
1. Recommendations for Funders	53
2. Recommendations for Governments	55
3. Recommendations for Sector Coordination and Systems Alignment	57
Conclusion	58
References	61





Executive Summary

Overview

This report presents findings from JusticeTrans' Transcend Community Support & Connection Program (April 1, 2024 – March 31, 2026). It documents patterns in community requests reaching a 2STING-led public legal education and information (PLEI) organization and analyzes how 2STING-serving organizations across Canada are navigating structural constraints, referral fragmentation, and capacity pressures.

This is an evidence-driven infrastructure report. It does not evaluate organizations. It examines recurring patterns across two datasets and translates those patterns into concrete infrastructure responses and policy implications.

What we did

We analyzed and triangulated two complementary data sources:

- Community Request Tracker (Internal Administrative Dataset)
 - 70 anonymized entries (late 2023–2025)
 - Captures request type, service domain, urgency, scope alignment, information quality, and referral outcomes
 - Analyzed descriptively and thematically as service-level administrative evidence
 -
- National Organizational Survey (External Dataset, 2025)
 - 25 organizations across 10 provinces
 - 221 organizations invited; 97 emails bounced; 124 reached; 25 responses (≈20% response rate)
 - Organizations include 2STING-led groups, youth-serving agencies, health navigators, harm reduction programs, migrant/refugee supports, and community legal organizations

The two datasets were triangulated to trace how individual-level needs surface at the organizational level, and how those needs are shaped by structural funding, policy, and administrative conditions.





What we found

Across both datasets, consistent structural patterns emerge.

1. Multi-domain needs are the norm.

Requests and organizational reports repeatedly span housing, gender-affirming and general healthcare, mental health, employment/income insecurity, immigration/status issues, and safety concerns. Needs rarely arrive as single-issue problems.

2. Scope mismatch is systemic.

Organizations frequently reported being unable to meet requests due to:

- lack of funding or staffing capacity; and
- requests falling outside formal mandate or funded program scope.

Similarly, JusticeTrans' internal tracker reflects recurring requests beyond a PLEI mandate, necessitating referral work even when safe options are limited.

3. Referral systems are fragmented and risk-bearing.

Organizations described relying on internal lists, staff memory, and informal networks to make referrals. The Tracker similarly reflects uneven information environments and instances where no secure local referral could be identified.

Referral work functions as safety work. In fragmented systems, inaccurate or outdated information can delay care, expose people to harm, or foreclose access entirely.

4. Intersecting barriers intensify service gaps.

Organizations and requests consistently referenced barriers shaped by:

- poverty and income precarity;
- disability and chronic illness;
- racism and colonial violence;
- rurality and transportation gaps;
- precarious immigration status; &
- criminalization and incarceration.

These barriers interact across domains, increasing complexity and limiting access.



5. Administrative processes compound exclusion.

Patterns across both datasets indicate that ID mismatches, inaccessible complaint systems, bureaucratic bottlenecks, and punitive eligibility rules function as recurring access barriers.

Taken together, these findings indicate that 2STING-serving organizations are operating as critical infrastructure within fragmented public systems, absorbing unmet need without stable authority or core funding to do so sustainably.

What we built

Transcend translated these findings into two infrastructure responses.

1. Referral & Response Policy (Effective March 2026)

We formalized harm-reduction triage and referral standards to ensure:

- consistent scope clarification and boundary-setting;
- urgency screening and response timelines;
- safer referral verification practices;
- protocols for situations where no safe referral exists;
- privacy safeguards and anti-surveillance commitments; and
- staff care practices to reduce vicarious trauma and mandate creep.

This policy standardizes how referral work is conducted within a PLEI mandate.

2. National Resource Guide (511 Entries; verified February 16, 2026)

The Guide is a consent-based referral infrastructure tool spanning legal, health, gender-affirming care navigation, mental health, Two-Spirit/Indigiqueer supports, youth/education, migrant supports, housing/social services, harm reduction, crisis lines, and provincial/national directories.

It includes standardized fields (location, service area, access requirements, verification status, consent restrictions) and is governed by safety and consent protocols.



The Guide is designed to:

- reduce duplicated research labour across the sector;
- mitigate memory-based referral systems;
- support multi-domain navigation; and
- reduce referral-related harm.

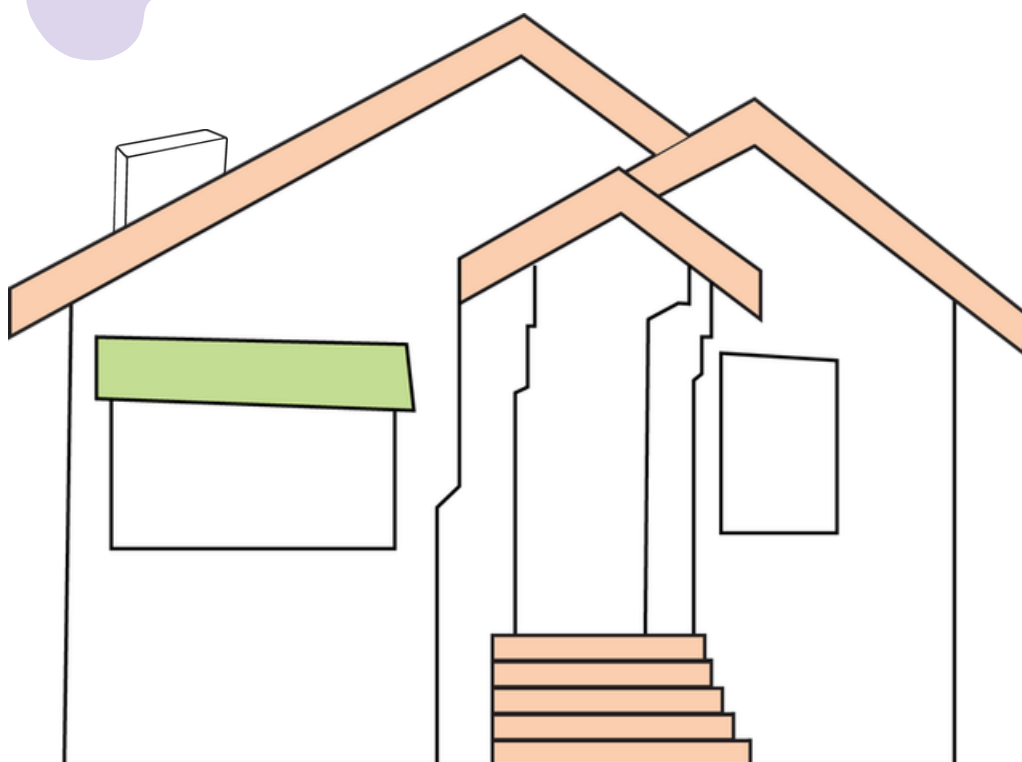
What's needed

Community-built infrastructure can mitigate harm but cannot replace stable public responsibility.

The evidence supports:

- multi-year core and infrastructure funding for referral coordination and navigation;
- funding flexibility that reflects intersecting, cross-domain needs;
- investment in governance and maintenance of shared infrastructure; and
- policy alignment that reduces administrative barriers rather than compounding them.

Sustainable 2STING-serving infrastructure requires structural investment, not short-term stabilization.



Methodology

Research Design

The Transcend Project employed a community-led, convergent mixed-methods research design integrating administrative service data with sector-wide survey data. The study was designed to document structural conditions shaping 2STING-serving organizational infrastructure in Canada, rather than to measure prevalence among individuals or evaluate specific programs.

Two data streams were collected and analyzed in parallel:

- Internal administrative data capturing real-time support and referral requests.
- A national organizational survey documenting sector capacity, service gaps, and systemic constraints.

Findings from both datasets were integrated at the interpretation stage through triangulation to identify recurring structural patterns. This approach allows individual-level service demand to be examined alongside organizational-level capacity and constraint, situating both within broader governance and policy contexts.





Data Sources

A. Community Request Tracker (Administrative Dataset)

The Community Request Tracker is an internal administrative dataset maintained by JusticeTrans between late 2023 and 2025.

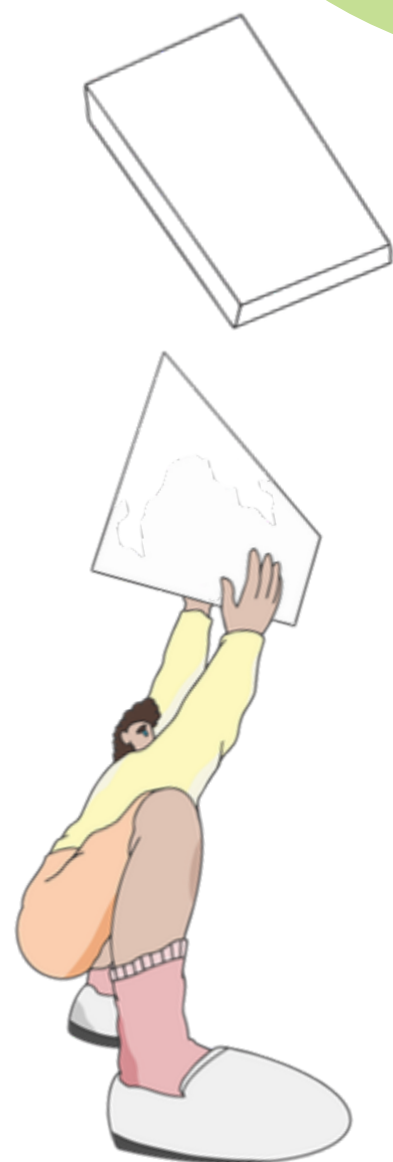
The dataset includes 70 logged entries representing a structured sample of incoming requests received during the project period. While the Tracker does not capture every request directed to JusticeTrans, it includes a substantial and analytically meaningful cross-section of requests documented for infrastructure and referral pathway analysis.

Each entry includes structured and narrative fields, including:

- Geographic location (where available)
- Request type and service domain
- Urgency classification
- Scope assessment (within or outside mandate)
- Information quality
- Notes and referral outcomes

All identifying information was removed prior to analysis. Case summaries were anonymized and aggregated.

The Tracker functions as a service-level evidence tool rather than a statistical instrument. It captures real-time demand directed toward a single organization and is therefore interpreted descriptively, with attention to recurring structural patterns rather than statistical prevalence.





B. National Organizational Survey

A national survey was distributed to organizations identified through existing sector networks, referral directories, and public organizational listings.

A total of 221 organizations were initially contacted. Of these:

- 97 emails bounced (invalid or inactive contacts)
- 124 organizations were successfully reached
- 25 organizations completed the survey
(response rate $\approx$ 20% of successfully reached contacts)

The survey was open from September 30 to October 31, 2025, with reminder emails and an accessibility extension.

Respondents were primarily 2STING-led or 2SLGBTQ+ organizations providing services in areas such as housing, mental health, healthcare navigation, harm reduction, employment support, and public legal education.

The survey included both closed-ended and open-ended questions addressing:

- Communities served
- Services provided
- Unmet requests
- Referral practices
- Service gaps
- Structural and intersecting barriers

The survey utilized purposive, non-probability sampling. As such, findings describe patterns among participating organizations and are not intended to represent all 2STING-serving organizations nationally.





Data Analysis

Analysis proceeded in three stages, beginning with internal service-level pattern recognition and moving toward sector-level triangulation.

Quantitative Analysis

Quantitative analysis was descriptive in nature.

For the Community Request Tracker, frequencies were calculated for:

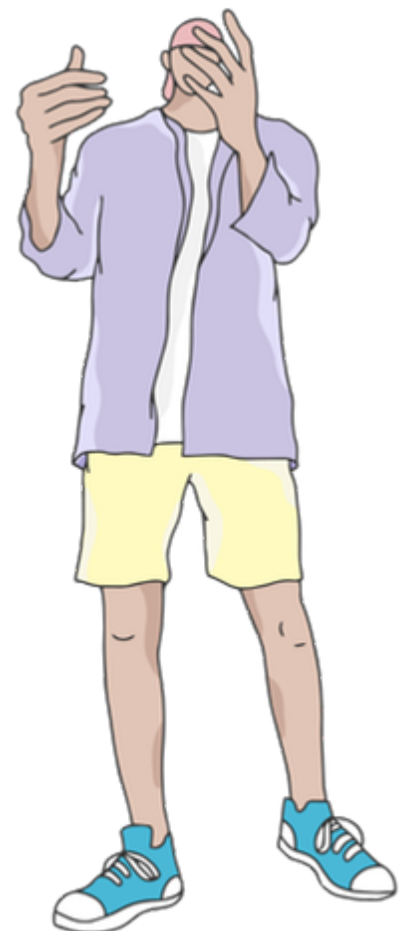
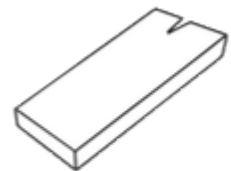
- Request domains (e.g., housing, gender-affirming care, employment, immigration, legal information)
- Urgency classification
- Scope alignment (within or outside mandate)
- Information quality ratings

For the National Organizational Survey, descriptive summaries were produced to examine:

- Prevalence of reported service gaps
- Frequency of unmet request types
- Referral practices
- Reported organizational constraints

Counts and proportions are presented illustratively rather than inferentially.

Because both datasets rely on administrative records and non-probability sampling, findings are not interpreted as statistically representative of all 2S/TNG-serving organizations.





Qualitative Analysis

Qualitative analysis was conducted using inductive thematic analysis.

Open-ended survey responses and narrative entries from the Community Request Tracker were reviewed iteratively to identify recurring patterns.

Coding developed across three analytic layers:

- Service-level domains (e.g., housing instability, gender-affirming care access, employment discrimination, immigration precarity).
- Structural constraint themes (e.g., funding precarity, mandate limits, provider shortages, documentation barriers, service fragmentation).
- Cross-cutting intersectional conditions (e.g., disability, migration status, rurality, criminalization, poverty).

Themes were retained only where patterns appeared consistently across multiple survey responses or multiple Tracker entries. This approach ensured that interpretive claims reflected repeated structural conditions rather than isolated incidents.

Analytic categories included (without predetermining interpretation):

- Funding and mandate constraints
- Service fragmentation
- Disability and accessibility barriers
- Migration and documentation precarity
- Criminalization and justice system interaction
- Labour and employment instability

Interpretive claims were supported through triangulation between administrative data and survey responses to reduce reliance on isolated anecdotal accounts.



Integration and Triangulation

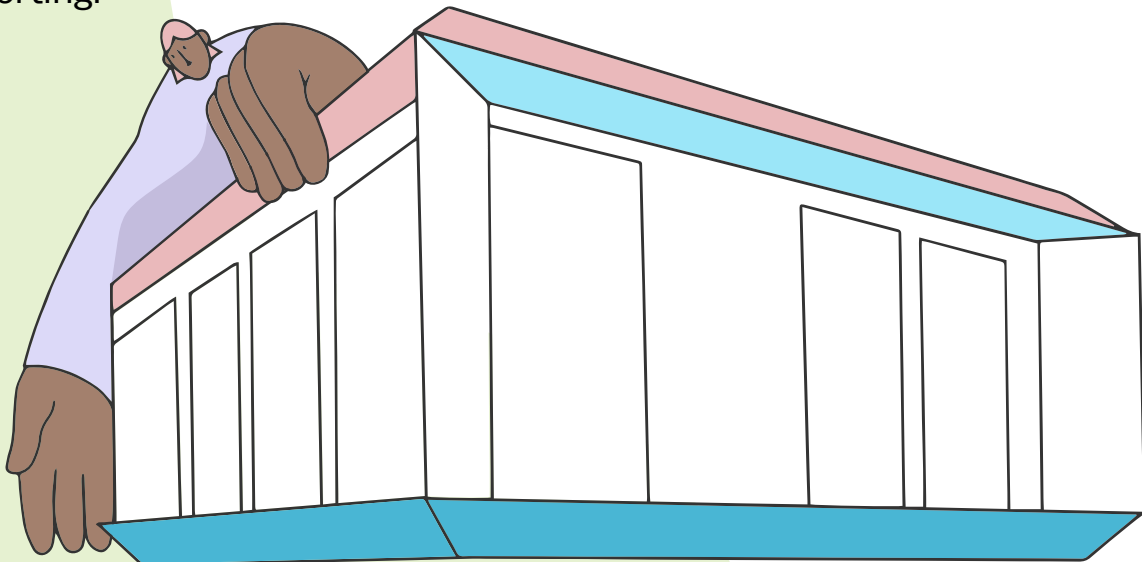
Following independent quantitative and qualitative analysis, findings were integrated using a convergent mixed-methods approach.

We compared patterns emerging from the Community Request Tracker, which reflects real-time requests directed to JusticeTrans – with patterns reported in the National Organizational Survey, which reflects how organizations across the country are experiencing service gaps and capacity limits.

The central question guiding this integration was straightforward: Are the pressures appearing in our intake data also being reported across the broader sector?

Where patterns appeared in both datasets – such as gaps in gender-affirming care, housing and employment instability, funding and mandate constraints, and fragile referral pathways – we interpreted these as structural pressures affecting the sector more broadly, rather than isolated experiences specific to one organization.

This process of cross-checking findings across two independent data sources strengthened the analysis by showing that key themes were recurring across different levels of the system: individual requests and organizational reporting.





Ethics and Community Accountability

This study was conducted within a community-led, T4T framework, grounded in non-extractive research practice and sector accountability. Because the research draws on administrative service data and voluntary organizational survey responses, particular attention was given to confidentiality, data minimization, and harm reduction.

Key safeguards included:

- Removal of all identifying personal information from the Community Request Tracker prior to analysis
- Anonymization and aggregation of case descriptions used for illustrative purposes
- Voluntary participation in the National Organizational Survey
- Exclusion of organizational names from public reporting unless explicit consent was provided
- Secure storage of all datasets, used solely for research, advocacy, and infrastructure development purposes

The study did not involve direct recruitment of individual clients, nor did it collect personal health information. Tracker data were generated through routine service documentation and analyzed retrospectively in aggregate form.

Importantly, organizations were treated as knowledge-holders rather than subjects of evaluation. The analytic focus is structural rather than organizational performance-based. Where service gaps are documented, they are interpreted in relation to funding regimes, governance fragmentation, and policy constraints rather than attributed to individual organizations.

Community-led design was methodologically appropriate given that the study examines internal sector infrastructure and referral pathways that are not fully visible through external datasets. This approach ensured that findings reflect lived sector realities rather than external assumptions.



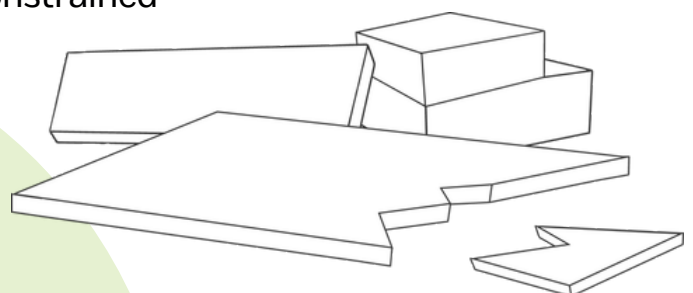
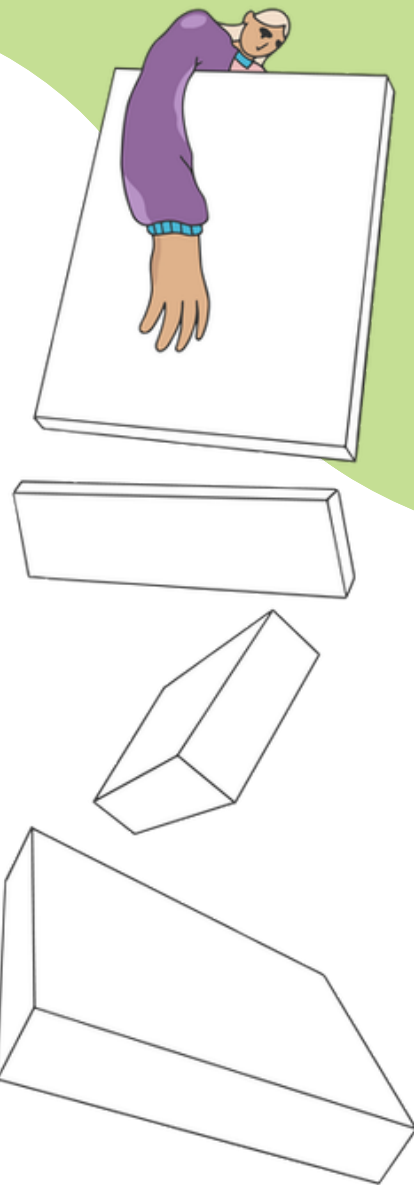
Limitations

Several limitations clarify the scope and interpretation of this study:

1) The National Organizational Survey utilized purposive, non-probability sampling. Although 25 organizations participated across multiple provinces, findings cannot be interpreted as statistically representative of all 2S/TNG-serving organizations in Canada. Rather, they reflect patterns among participating organizations operating within shared sector conditions.

2) Of the 221 organizations initially contacted, 97 emails bounced due to invalid or inactive contact addresses. While bounced emails may reflect routine staff turnover or administrative changes, they also indicate instability in publicly available contact information and referral pathways. Given that organizations were identified through referral lists, websites, and sector networks, this level of contact failure suggests fragility within the broader information ecosystem.

3) Survey non-response likely reflects sector capacity constraints, crisis workloads, and staffing limitations. Organizations experiencing the greatest strain may have been least able to participate, potentially underrepresenting the most resource-constrained contexts.





Limitations cont.

4) The Community Request Tracker represents a logged subset of inquiries rather than a comprehensive record of all inquiries received during the project period. While the dataset captures recurring patterns in referral pathways, mandate limits, and service gaps, it should not be interpreted as exhaustive of all incoming demand. As an administrative service dataset, it reflects documented requests rather than population-level prevalence.

5) Northern, remote, territorial, and some francophone minority contexts remain underrepresented in the dataset. This likely reflects broader infrastructure and connectivity gaps rather than absence of need.

6) While the Guide includes entries across all provinces and territories, survey participation did not include territorial respondents.

Finally, this study focuses on formally constituted organizations. While many respondents referenced mutual aid networks, informal care systems, and grassroots collectives, these community formations were not directly captured in the data collection process. As a result, the total volume of community-based care provision is likely underestimated.

These limitations clarify the scope of inference. Importantly, several of these constraints – including contact instability, uneven participation, and fragmented documentation – mirror the structural pressures documented throughout the report. The study therefore offers a practice-grounded analysis of sector conditions rather than a comprehensive census of service provision.



Findings

Overview

This section reports findings from two complementary sources:

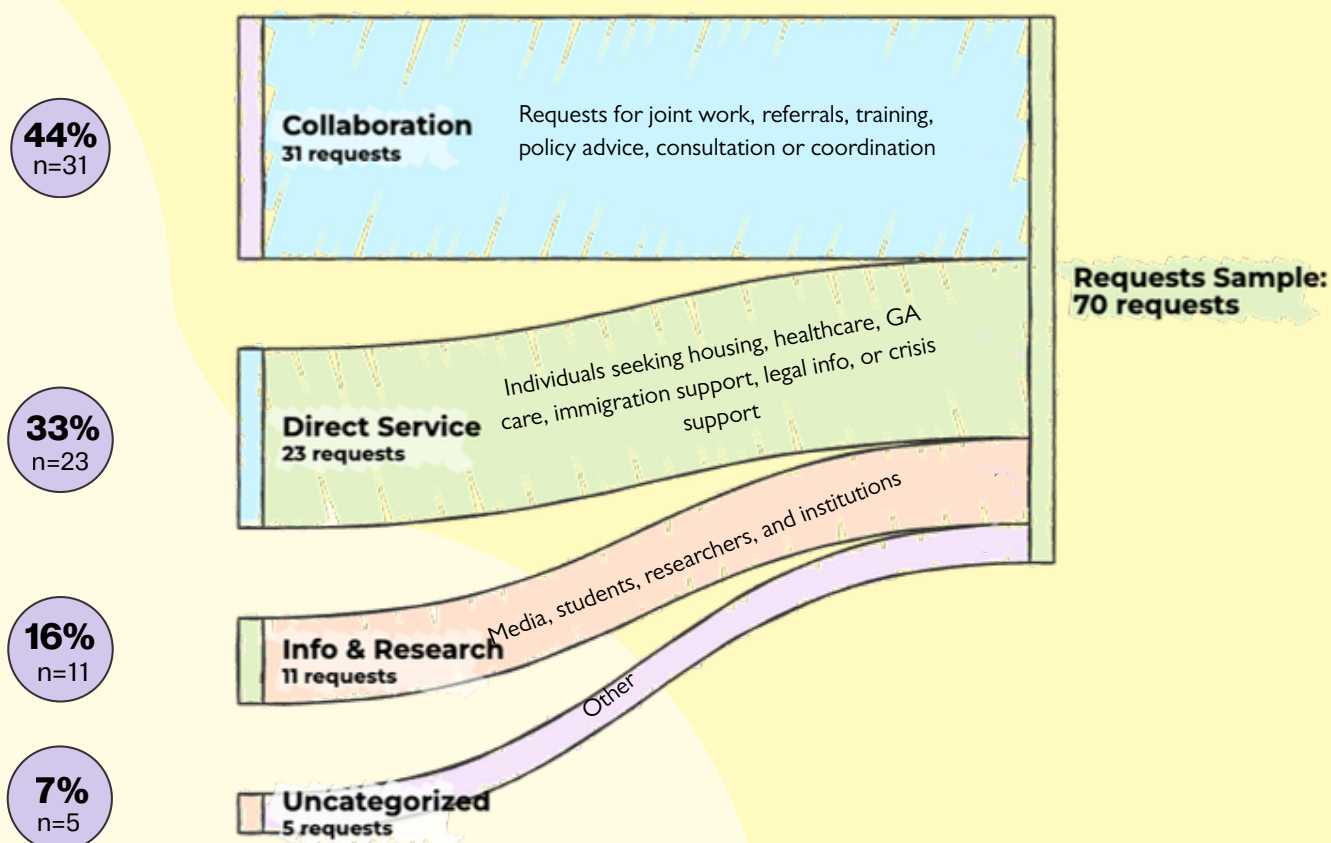
- **Community Request Tracker (internal):** what reaches JusticeTrans when people and partners are trying to navigate support in real time.
- **National Organizational Survey (external):** what 2S/TNG-serving organizations report about capacity, gaps, and referral conditions across Canada.

Community Request Tracker (Internal)

Volume, channels, and request types

Between September 2023 and 2025, JusticeTrans logged 70 requests received through email, web forms, social media, and direct organizational outreach.

Requests fell into four categories:





Patterns by domain

Nearly half of all requests came from other organizations rather than individuals, indicating that JusticeTrans functions not only as a community-facing PLEI organization, but also as an informal coordination point in a fragmented service ecosystem.

Direct requests from community members (n=23) clustered in the following areas:

Ranges reflect coding uncertainty where one request spans multiple domains and documentation detail varies.



Housing and shelter

(n=4-6) Eviction risk, fleeing unsafe homes, lack of trans-affirming shelter options.



Gender-affirming care & health navigation

(n=5-7) Finding providers, understanding pathways, refusals in primary care.



Immigration/status

(n= 4-5) Non-status concerns, deportation risk, documentation and ID barriers.



Legal information

(n=4-5) Human rights complaints, employment discrimination, name/marker changes.



Employment

(n=2-3) Workplace harassment, job loss, limited protections.



Crisis-adjacent requests

(n= 1-2) Urgent safety concerns requiring harm-reduction referral practices.



In most direct requests, JusticeTrans could not provide direct assistance within its PLEI mandate. Staff instead provided legal information, attempted referrals, or documented that no safe option could be confirmed. These patterns reflect recurring mismatches between community needs and the funded scope or availability of services.



Scope mismatch and referral limits

Tracker entries show three recurring constraints:

- Outside-scope requests were common: more than 20 requests clearly fell outside JusticeTrans' mandate (especially housing, immigration, healthcare, mental health, and employment disputes).
- Referral dependence is built-in: approximately one-third of all requests required external referrals or explanations of service limits.
- "No safe referral" occurred in multiple cases: even with staff research, some requests could not be matched with a secure, appropriate option.
- "Outside scope" in this report is not a measure of effort or willingness. It describes the structural boundary where community need collides with mandate design, funding limits, and uneven service availability.

Urgency and information quality

Urgency classification (n=70):

- Crisis/critical: 6 (immediate safety risks or urgent legal deadlines)
- Ongoing structural need: 38 (chronic poverty, discrimination, lack of care)
- Non-urgent: 13 (general information or research)
- Unspecified: 14 (insufficient detail recorded)

Most requests reflected ongoing structural need, indicating that harm is not episodic—it is continuous. Crisis-level requests underscore why referral protocols and clear scope language are essential.

Information quality:

- Excellent: 3
- Good: 37
- Fair: 20
- Poor: 10



Nearly half of entries fell into fair/poor information environments, meaning information was outdated, unclear, inaccessible, or raised safety concerns. This underscores the labour required to maintain accurate referral pathways and the risks of relying on informal, memory-based systems.

Illustrative Case Examples (Anonymized)

These vignettes are included to illustrate recurring patterns. They are representative, not exceptional.

Example 1: Gender-affirming care and immigration status (no secure local referral)

A non-status trans woman in a mid-sized urban center contacted JusticeTrans seeking access to gender-affirming care and information about changing her name and gender marker. She reported being turned away by clinics due to lack of provincial health coverage, and a local legal clinic indicated it did not have capacity to address immigration-related needs. Staff searched for low-cost or uninsured care and immigration supports but were unable to identify a local referral that could safely meet both needs. Harm-reduction guidance and potential contacts in another city were shared, though distance, cost, and uncertainty remained significant barriers.

Example 2: Youth housing crisis and institutional discrimination (limited affirming options)

A youth worker contacted JusticeTrans about a trans teenager forced to leave home following family rejection and experiencing ongoing discrimination at school. The worker reported that local shelters were known to misgender residents and place trans youth in unsafe arrangements. Staff identified limited options in a neighboring city and shared human rights information related to discrimination in education. However, no local shelter could be confirmed as safe or affirming, and continuity of care could not be guaranteed.



These examples show that needs routinely converge across domains, and referral constraints are often shaped by availability, eligibility, geography, and safety – not just “service navigation.”

National Organizational Survey

This section presents findings from a 2025 national survey of 25 unique 2S/TNG-serving organizations across 10 provinces. During data cleaning, one duplicated submission was identified and removed prior to analysis. All frequencies reported below reflect 25 distinct organizational respondents.

Respondents include 2S/TNG-led organizations, broader 2SLGBTQ+ centers, youth-serving programs, health navigation networks, harm reduction initiatives, migrant/refugee-serving organizations, and organizations supporting justice-involved communities. Collectively, they represent urban, suburban, rural, and small-town contexts.

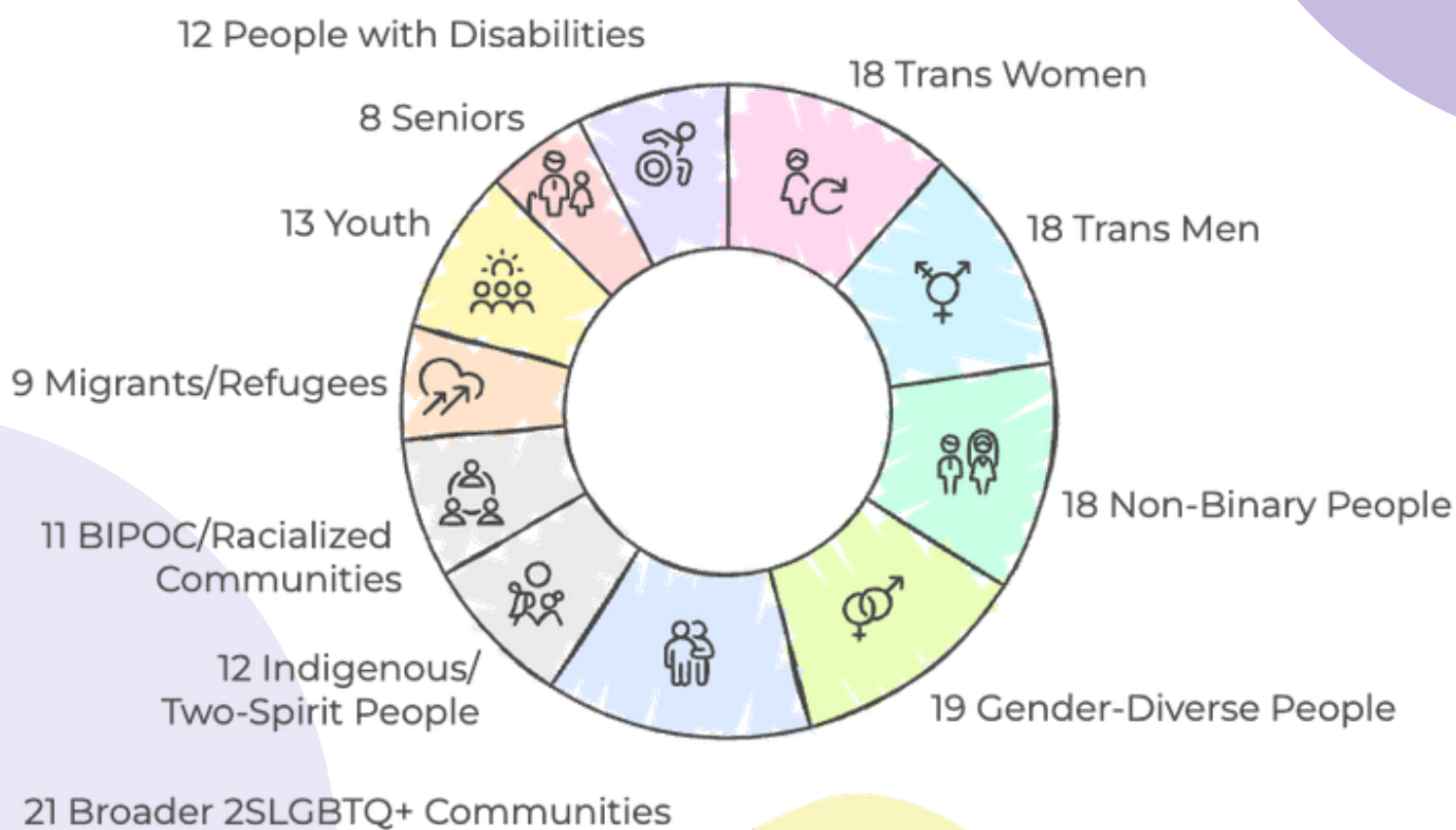
No responses were received from the Territories or Prince Edward Island, reflecting broader geographic inequities in service infrastructure and visibility.



Communities Served

Most organizations operate as multi-issue hubs rather than single-identity programs. Respondents consistently described serving people navigating multiple, intersecting forms of marginalization at once.

Survey respondents described serving diverse and overlapping communities:

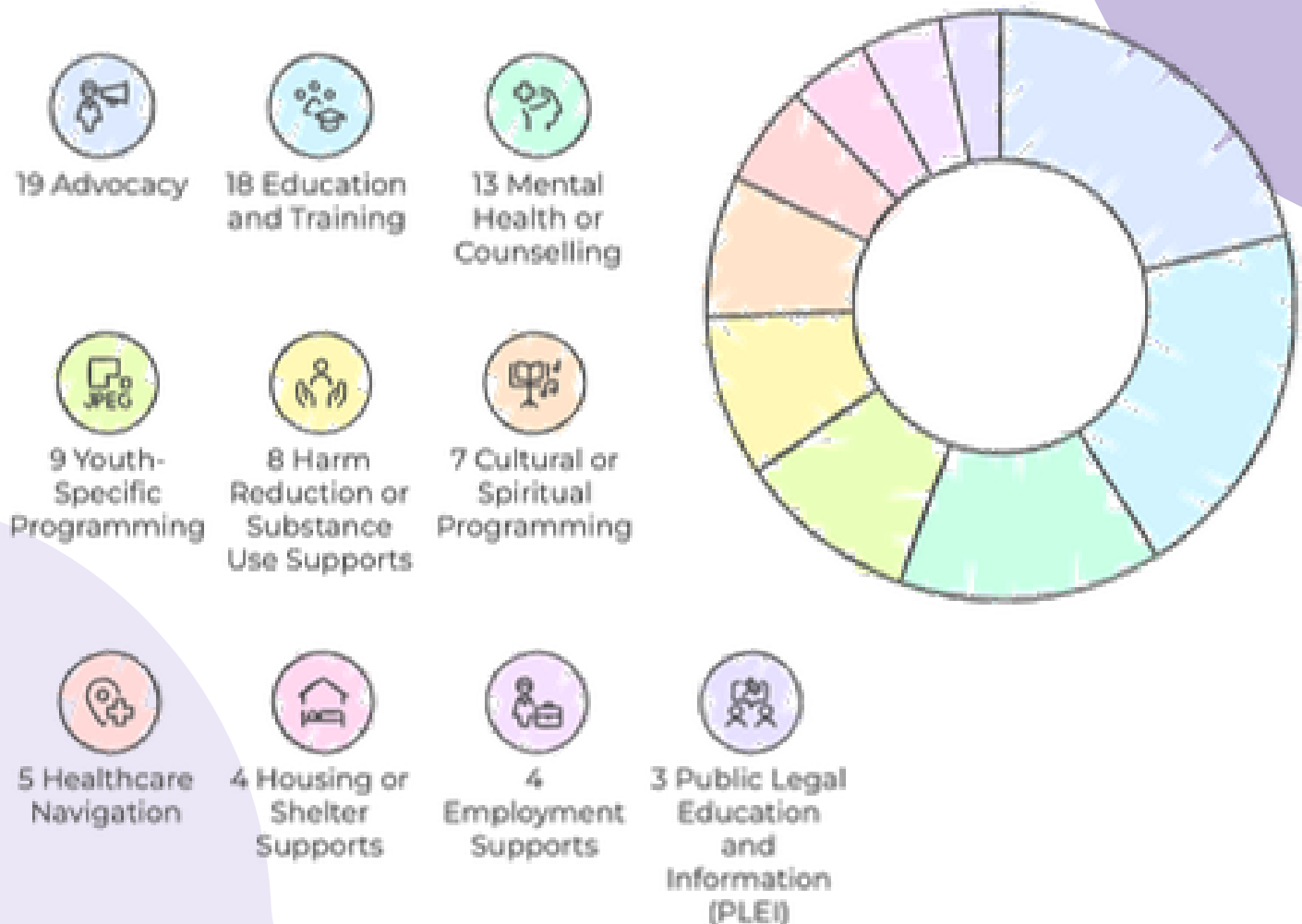




Services Provided

All 25 organizations provide community or peer-based support.

Other commonly reported services include:



These findings indicate that relatively few organizations are funded to provide direct housing, employment, health-care navigation, or legal services – despite these being areas where unmet need frequently arises.



When Requests Cannot Be Met

Organizations were asked why they are unable to meet certain requests. The most frequently cited reasons were:



Safety Concerns: 2%

Accessibility issues limit services

Policy Barriers: 2%

Legal restrictions hinder services

Service Area: 10%

Service not available locally

Waitlists: 21%

Overcapacity prevents new clients and programming

Outside Scope: 28%

Organization not capable of facilitating service

No Funding: 37%

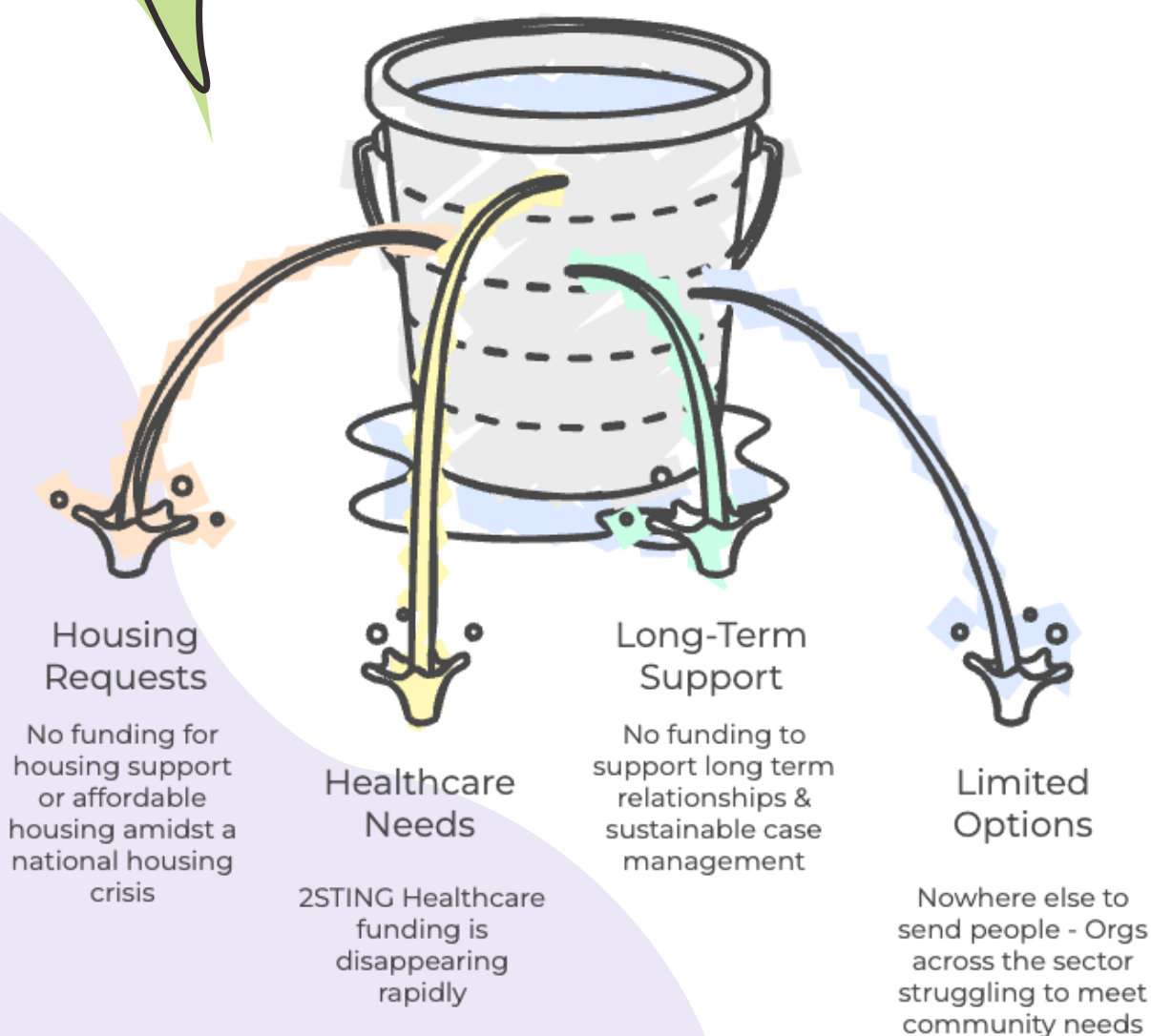
Lack of funding renders service provision impossible

Capacity constraints and mandate boundaries were the dominant limitations. Organizations described regularly receiving requests for housing, healthcare, employment support, and long-term navigation that they are not funded or authorized to provide.



As one respondent noted:

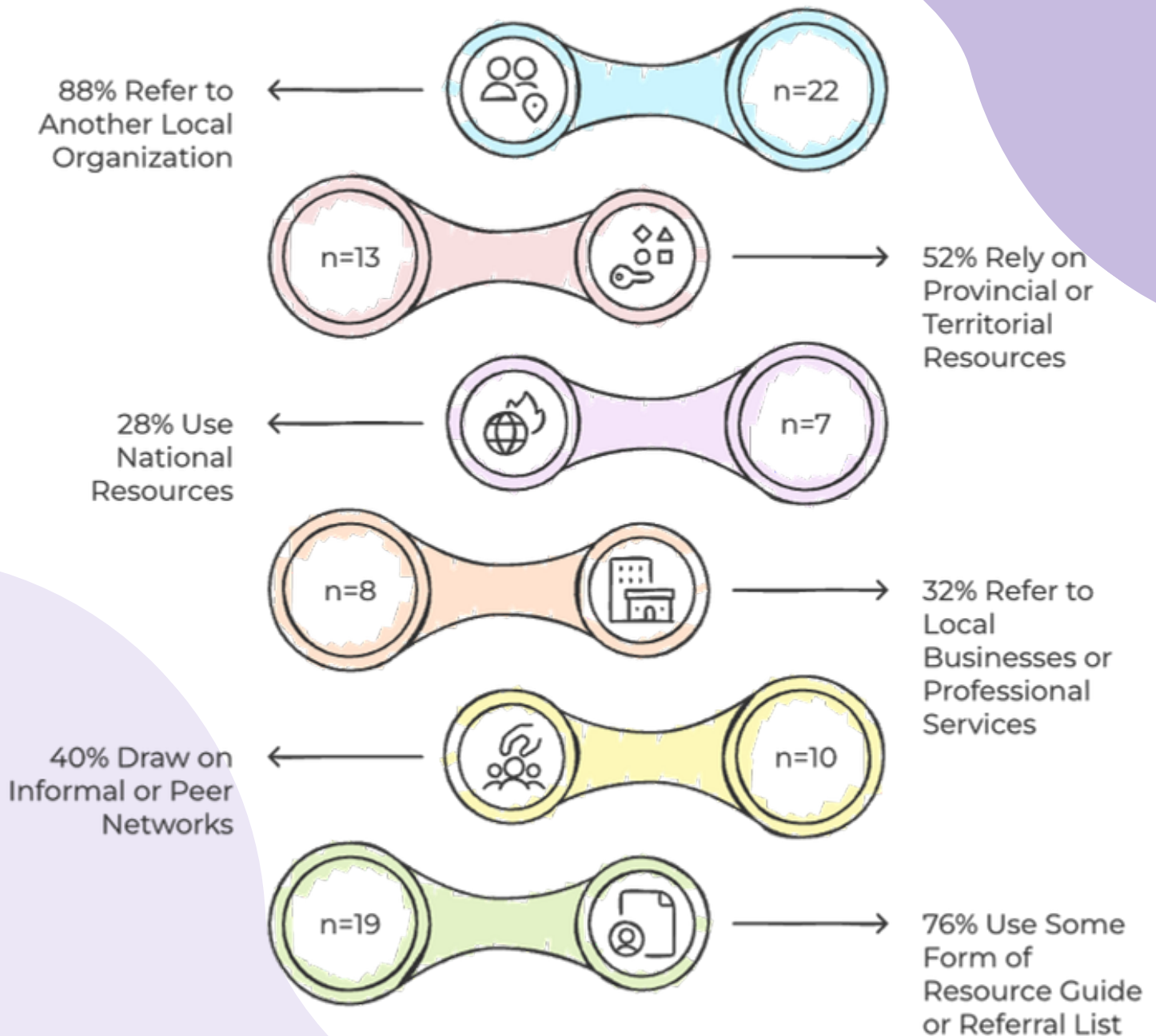
“We are regularly receiving requests for housing, healthcare, and long-term support that we are not funded or mandated to provide, and there is often nowhere else to send people.”





Referral Practices and Resource-List Fragility

Referral is a central part of organizational practice.

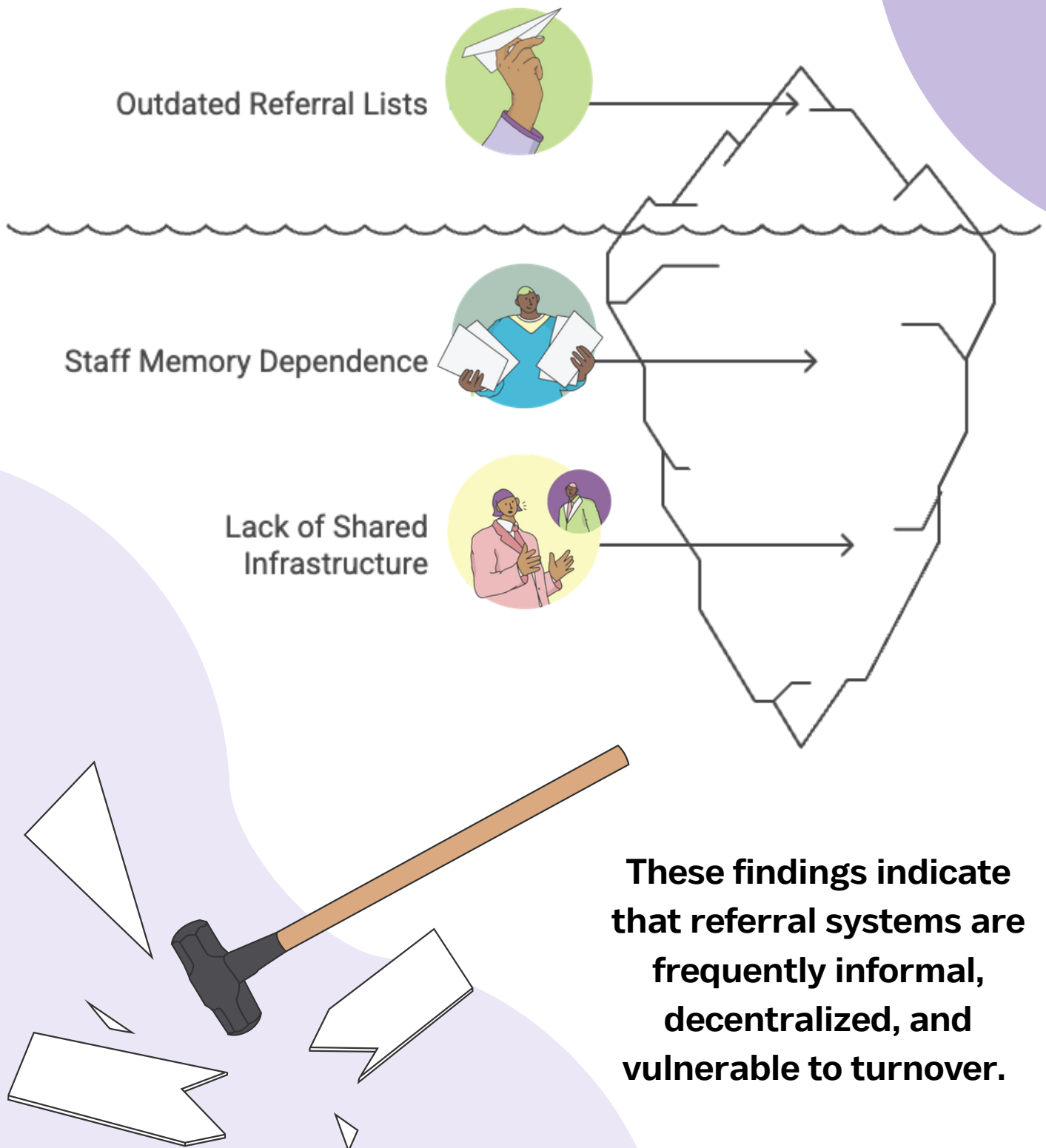


However, many described existing lists as outdated, incomplete, or dependent on staff memory. Several respondents noted that referral knowledge is often embedded in individual staff rather than shared infrastructure.



As one respondent noted:

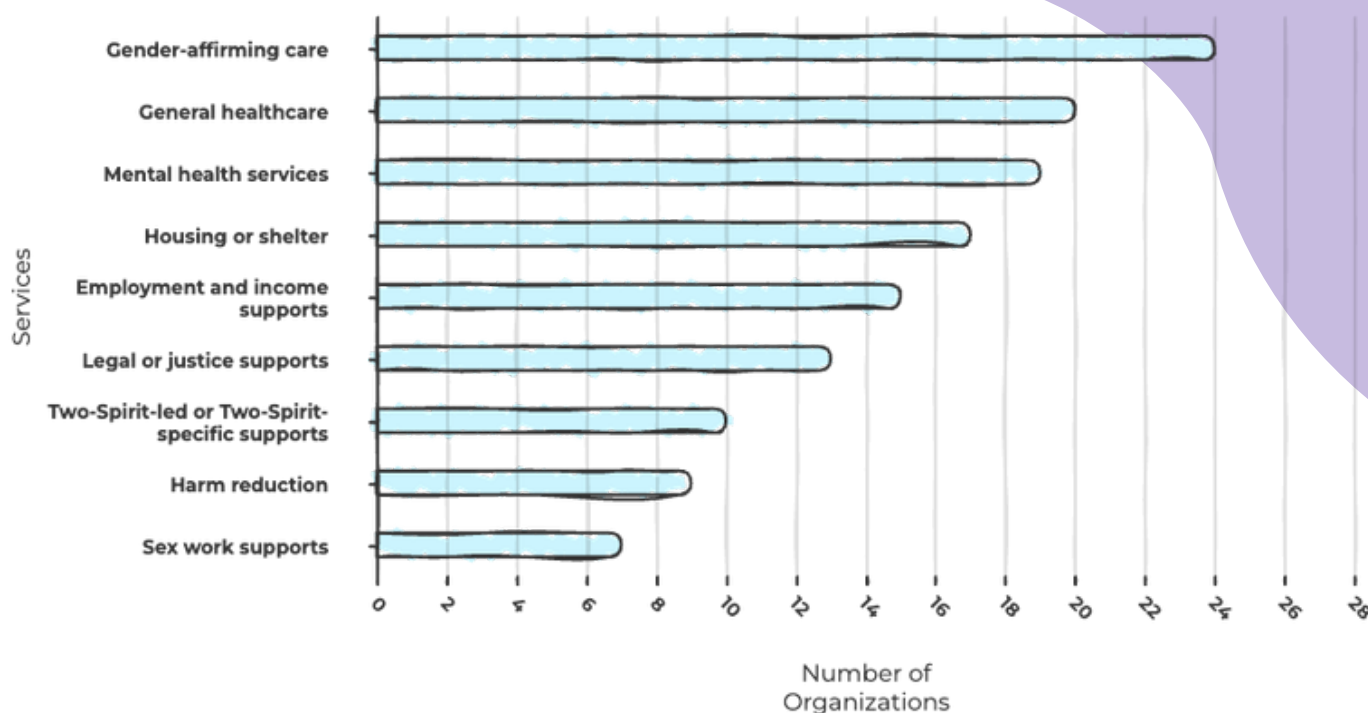
“Our referral list depends on staff memory. When someone leaves, that knowledge often leaves with them.”





Reported Service Gaps

Organizations were asked to identify recurring service gaps affecting participants.
The most frequently reported gaps were:



Intersecting Barriers

Twenty organizations provided detailed open-ended responses about intersecting barriers affecting the communities they serve.

Recurring themes included:

- Poverty as a cross-cutting driver of instability
- Disability and chronic illness compounding access barriers
- Rurality and transportation gaps limiting practical access to care
- Racism and colonial violence affecting Black, Indigenous, migrant, and refugee communities
- Criminalization and incarceration restricting access to services
- Language and immigration status creating additional administrative and systemic barriers

Organizations emphasized that these barriers do not operate separately. They accumulate, intensify, and often surface simultaneously.



Regional Patterns

Across regions, respondents described uneven service landscapes shaped by geography, travel capacity, and provider availability.

- Rural and small-town contexts frequently lack affirming providers, particularly in gender-affirming care and mental health.
- Prairie respondents emphasized long waitlists and overlapping housing and employment instability.
- Atlantic organizations highlighted travel costs, coverage gaps, and discrimination outside major centres.
- Québec-based respondents described compounded barriers shaped by immigration status, language access, and housing precarity.
- Ontario respondents emphasized youth-focused pressures and limited low-cost mental health supports.
- Organizations working with incarcerated communities described severe limitations on in-prison supports and lack of re-entry infrastructure.

Across regions, access often depends not only on eligibility but on geography, transportation, and the presence of affirming providers.

Summary of Survey Findings

Across 25 organizations, the survey reveals:

- High levels of unmet need across healthcare, housing, income, and justice domains
- Persistent funding and scope constraints
- Fragile and informal referral systems
- Intersecting structural barriers affecting access and outcomes
- Geographic unevenness in service availability

These findings reflect organizational conditions. Part III interprets what these patterns suggest about system-level pressures and structural disinvestment.



Structural Analysis

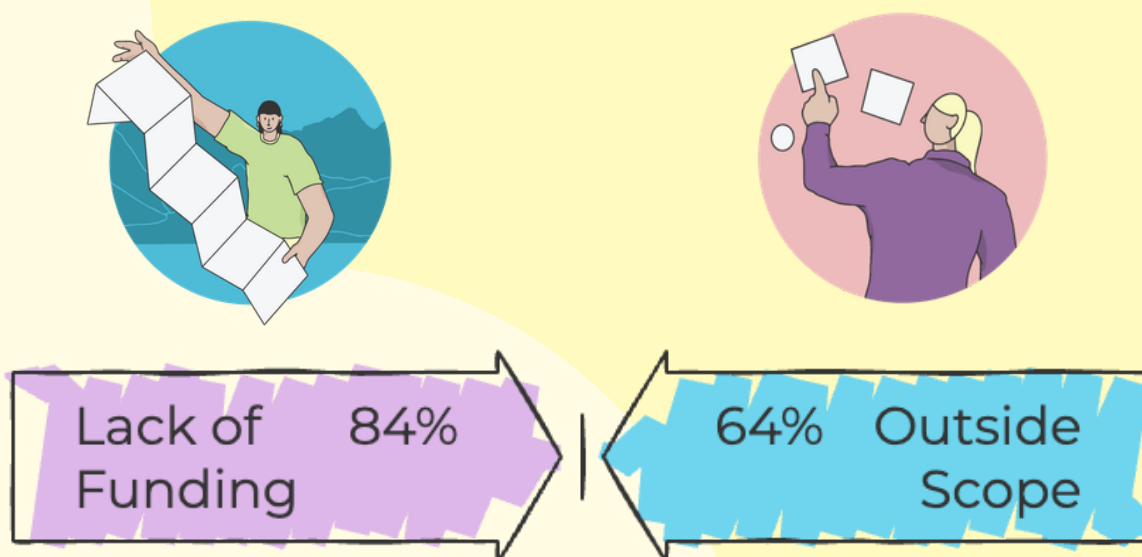
This section interprets the patterns documented in the *Findings* section. Findings from the Community Request Tracker and the National Organizational Survey are analyzed in relation to broader governance, funding, and policy conditions shaping 2S/TNG-serving infrastructure in Canada.

System-Level Pressures

Sustained Underinvestment and Mandate Limits

Across both datasets, organizations are consistently being asked to respond to needs that exceed their formal mandates, funding structures, and legal authority. This pattern appears in both organizational-level reporting and real-time request data.

In the survey, 21 of 25 organizations identified lack of funding or capacity as a primary reason requests could not be met. 16 reported that requests regularly fell outside their formal scope. This pattern appears consistently across regions and service types. Organizations report housing crises, closed gender-affirming care waitlists, mental health gaps, employment instability, and immigration precarity, even where those issues fall beyond funded program mandates.





Another respondent described the scarcity of specialized services:

“Very few organizations serve trans migrants meaningfully – our clients often have nowhere else to go.”

These limits are mirrored in the Community Request Tracker. Over one-quarter of logged requests were outside of JusticeTrans’ public legal education mandate. These included:

Asylum Requests

Individuals abroad (including from: Sudan, Morocco, and the US)

Workplace Discrimination

Potential litigation cases

Complex Documentation Barriers

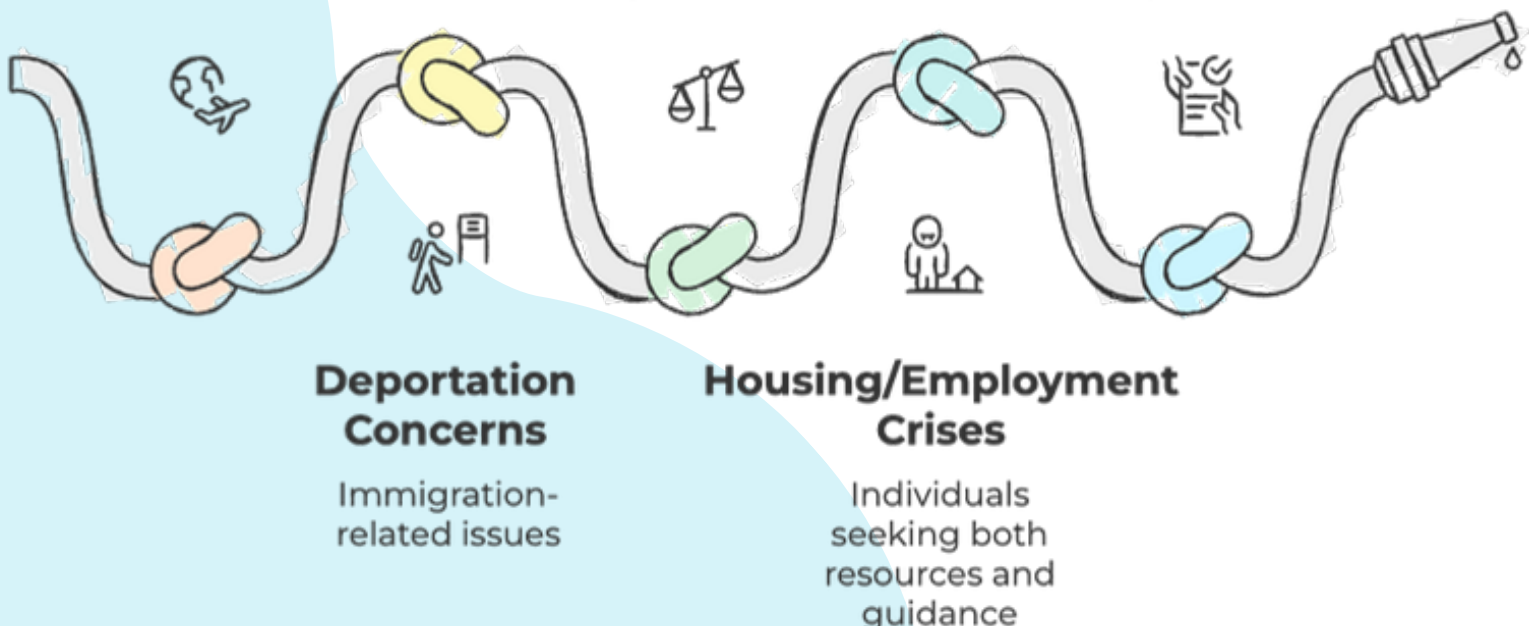
Immigration related or provincial ID systems

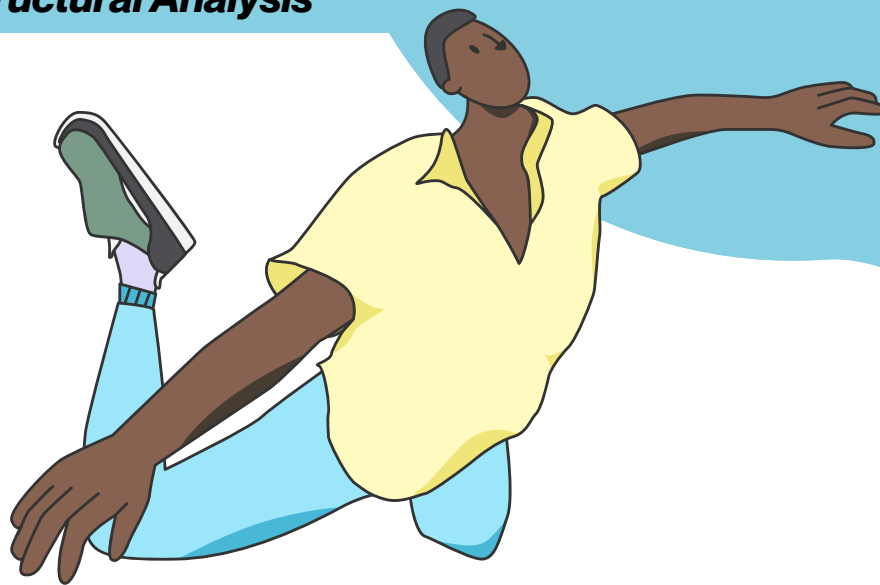
Deportation Concerns

Immigration-related issues

Housing/Employment Crises

Individuals seeking both resources and guidance



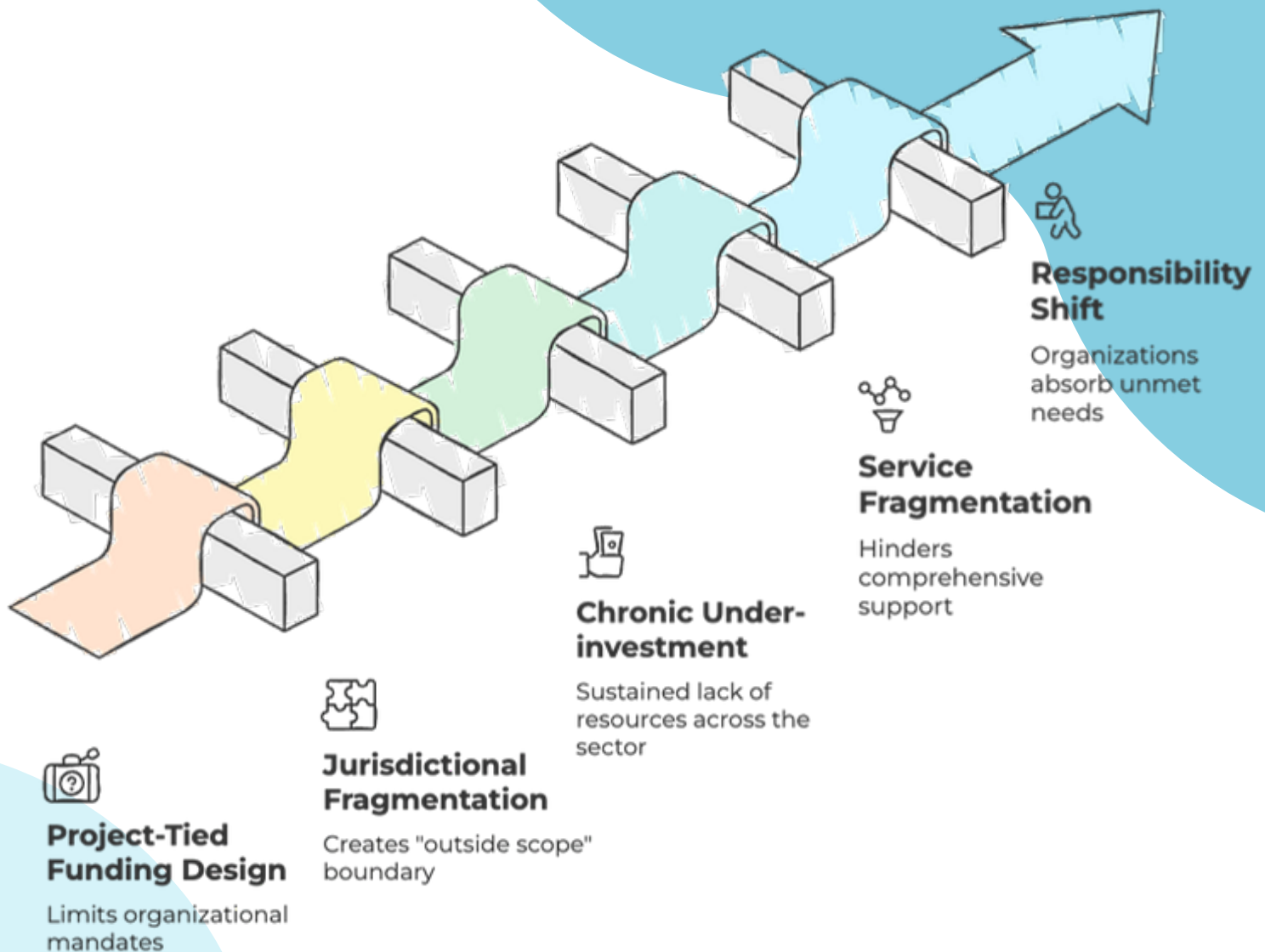


In one instance, a parent reached out because their trans teenager could not register for school while a legal name change was in process, creating a bureaucratic deadlock between education policy and identity documentation systems. In another, a temporary resident sought guidance on changing their name in Canada when their country of origin does not legally permit name changes. These requests are not narrowly legal questions; they sit at the intersection of immigration policy, provincial ID frameworks, and access to education and healthcare.

These findings do not point to coordination failure or lack of commitment. They point to structural design.

In recent years, social service delivery in Canada has increasingly relied on short-term, project-based funding streams tied to narrowly defined outputs. Core operational funding and long-term infrastructure investment have not kept pace with rising demand. Federal departmental planning similarly projects significant decreases in planned spending for Women and Gender Equality Canada between 2025–26 and 2027–28, reflecting volatility in equity-oriented funding streams that shape sector capacity conditions (Women and Gender Equality Canada, 2025).

At the same time, housing affordability has deteriorated across urban and rural regions, provincial healthcare systems have experienced prolonged strain and growing wait times, and immigration processing backlogs have intensified.



Under these conditions, community need expands while organizational mandates remain fixed.

"Outside scope" therefore marks a boundary created by funding design and jurisdictional fragmentation – not a refusal to assist. The data suggest that 2S/TNG-serving organizations are operating within a model of sustained underinvestment and service fragmentation. They are absorbing unmet needs generated in housing, healthcare, labour, and immigration systems without authority over those systems.

Responsibility shifts downward. Organizations function as stabilization points within broader structural strain.



Referral as Risk: Information Gaps in a Fragmented System

Referral work is central to sector functioning. 22 of 25 organizations reported regularly referring to other local services. At the same time, many described unstable or unclear pathways – especially in rural and smaller provinces.

Several organizations highlighted uncertainty within healthcare systems themselves:

Several organizations highlighted uncertainty within healthcare systems themselves:



"Even providers don't have a good sense of care pathways."

"Current wait times for transition-related support are at an all-time high."

"Most clinics have their waitlists closed."

"Rural communities often have no services at all for trans and gender-diverse people."





The Tracker data reinforce this fragility. Nearly half of all logged requests were associated with “fair” or “poor” information environments, meaning resources were outdated, incomplete, unsafe, or unclear.

Concrete examples illustrate how referral becomes high-stakes risk management:

- A trans woman experiencing doxxing and online harassment reported that police would not intervene unless violence occurred, seeking alternative recourse.
- An individual asked whether any organization anonymously tracks transphobic violence in Canada because they were afraid to report to police. No centralized, anonymous mechanism could be identified.
- A person reported being abandoned by their lawyer while being targeted by police, unsure of how to proceed.
- A municipal employee experiencing workplace transphobia sought guidance on how to document discrimination before filing a complaint.
- A youth asked where to begin their transition and did not re-engage after receiving initial links – reflecting how navigation complexity can interrupt access.

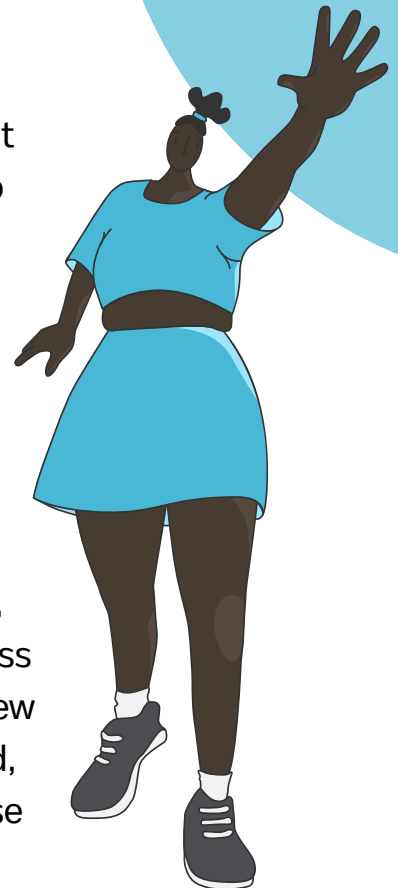
In a fragmented service landscape, referral is not a neutral administrative act. It is a high-stakes intervention. National reporting indicates rising hate crime targeting transgender people in Canada, reinforcing why referral safety cannot be treated as a neutral administrative function (Carleton University, 2023). In the context of escalating hostility, inaccurate referrals, unsafe providers, or unclear pathways can produce material harm rather than mere inconvenience.

Where housing systems are strained, healthcare providers are overcapacity, immigration processes are delayed, and affirming services are unevenly distributed, inaccurate information can delay care, escalate crisis, or expose individuals to discriminatory environments. A referral that fails is not simply inefficient – it can increase risk.



Community reporting has also documented organized anti-trans mobilization in urban centres, including coordinated protests and digital campaigns (CCLA, 2024). These movements shape not only public discourse but the operating environment within which service providers assess risk, eligibility interpretation, and institutional response.

This risk is amplified by policy volatility affecting gender-diverse communities in several provinces. In Alberta, recent legislative changes through the Health Statutes Amendment Act (Government of Alberta, 2024) have restricted access to gender-affirming medical care for minors, including prohibitions on puberty blockers, hormone therapy, and surgical interventions for youth, creating uncertainty and shifting referral conditions for organizations and families navigating care pathways (Health Statutes Amendment Act, 2024 No. 2). In the same province, amendments to the Education Act require parental notification and consent for use of preferred names and pronouns by school authorities, further shaping how youth and service providers must assess safety and access in educational environments (2024). In New Brunswick, revisions to Policy 713 have introduced, removed, and then again shifted rules around parental consent for use of chosen names and pronouns, requiring organizations to continually update referral and support practices in response to evolving regulatory frameworks (CCLA, 2024).



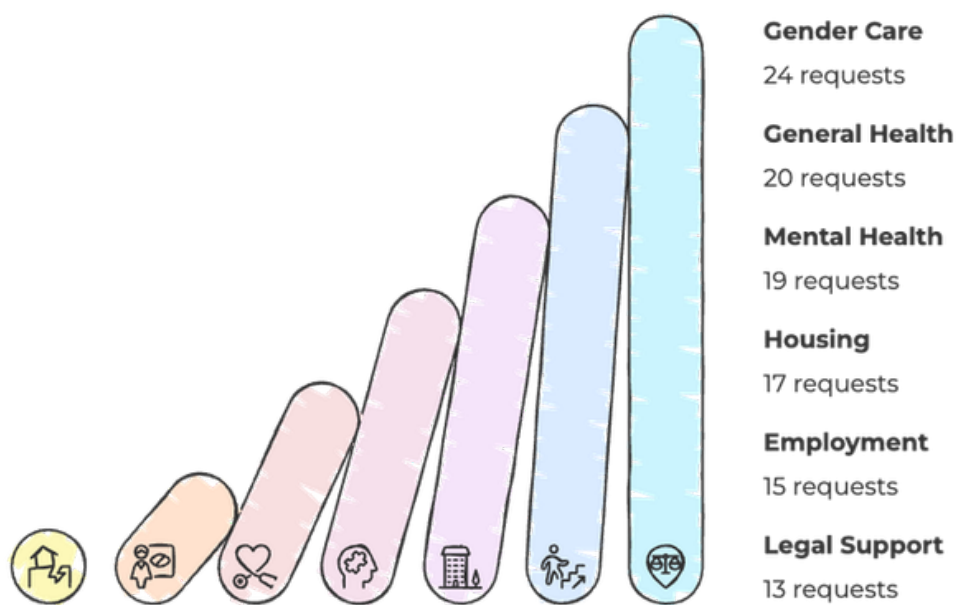
Even where policy intentions vary, these regulatory changes create shifting conditions that organizations must interpret each time they apply eligibility criteria, safety assessments, and navigation advice. These shifting legal and regulatory landscapes require constant re-verification of referral information, increasing the burden of navigation labour on organizations already operating in capacity-constrained systems.



Multi-System Pressure: When Barriers Compound

Both datasets indicate that needs rarely present as single-domain requests. 38 of 70 sample Tracker requests were categorized as ongoing structural need.

Service gaps were reported across nearly every major domain:



Organizations consistently described poverty as a cross-cutting driver. Disability, migration status, rurality, and criminalization were repeatedly named as intensifying factors. These are not parallel challenges. They are interacting systems.

The Tracker demonstrates how these systems collapse into one another:

- Employment discrimination leading to legal inquiry and housing insecurity.
- Medical misclassification and privacy violations resulting in potential malpractice claims and mental health distress.
- Immigration status uncertainty intersecting with documentation barriers and access to provincial healthcare.
- Doxxing and reputational harm threatening employment stability.
- Individuals seeking asylum while simultaneously lacking housing, income, and local legal support.



In one case, an individual described being “wrongfully terminated” while abroad with permanent resident status, seeking guidance without clarity on available protections. In another, a trans refugee from Sudan living in Egypt sought referrals for safety and resettlement support.

Under current economic and social conditions – rising rents, income instability, healthcare strain, and uneven regional service distribution – barriers overlap rather than unfold sequentially.



The evidence suggests cumulative system pressure rather than isolated breakdowns. Organizations are not responding to single-issue service requests; they are managing the interaction of multiple strained systems at once. Narrowly scoped mandates are continually stretched by lived complexity.



Organizational Strain and Workforce Sustainability

The largest category of requests received by JusticeTrans did not come from individuals but from other organizations seeking collaboration, referral support, or policy interpretation. This reflects increasing interdependence within the sector.

As public systems fragment, organizations rely on one another to interpret policy shifts, confirm safe referral pathways, coordinate across geography, and absorb overflow demand. What might once have been informal knowledge-sharing now functions as informal infrastructure.

Survey respondents identified staffing limitations, burnout, and lack of expertise as barriers to meeting community needs. At the same time, employment instability appears in both datasets as a community-level issue. In Ontario, for instance, Bill 124, the Protecting a Sustainable Public Sector for Future Generations Act (2019) imposed statutory limits on compensation growth across the broader public sector, directly shaping recruitment, retention, and bargaining conditions during a period of rising service demand (Government of Ontario, 2019). Though the Act was later held unconstitutional for substantially interfering with collective bargaining rights under section 2(d) of the Charter, it underscored the extent to which labour conditions in the sector are shaped through policy decisions rather than organizational choice (OECTA v. Ontario, 2022).

Labour precarity therefore operates at two levels: community members face discrimination and unstable income, while frontline workers operate within short-term funding cycles, intensified workloads, and limited core support.

Workforce sustainability becomes an infrastructure question.



Under sustained underinvestment and service fragmentation, resilience should not be misread as sufficiency. It is adaptation under pressure. The capacity of 2S/TNG-serving organizations to continue functioning depends not only on program funding but on structural stability, workforce protection, and coordinated infrastructure.

These cumulative pressures do not affect all domains equally.

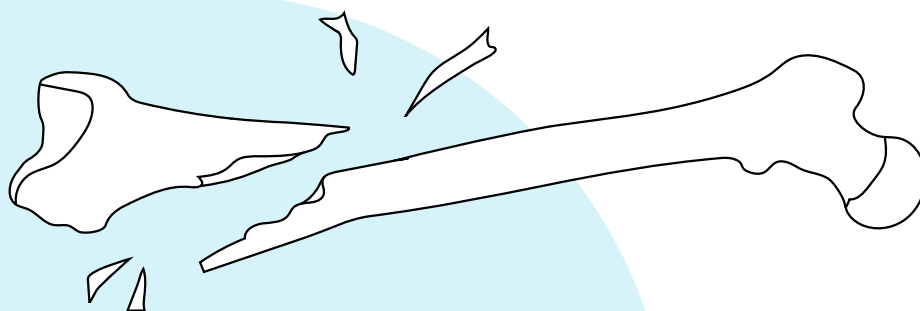
Sites of Structural Strain

The system-level pressures described above do not distribute evenly. They concentrate. The evidence indicates that strain concentrates in particular domains where policy volatility, service fragmentation, and sustained underinvestment intersect most sharply.

Disability Justice and Structural Inaccessibility

Across both datasets, disability emerges not as a peripheral issue but as a cross-cutting condition shaping how every other barrier is experienced. Survey respondents repeatedly identified disability and chronic illness as intensifying factors affecting access to healthcare, housing, employment, and legal support. In the Community Request Tracker, disability-related impacts appear through requests involving medical discrimination, difficulty navigating bureaucratic systems, mental health crisis, and employment instability linked to health conditions.

Importantly, disability rarely appears as a standalone request category. Instead, it shapes how delays, denials, and fragmented systems are experienced.



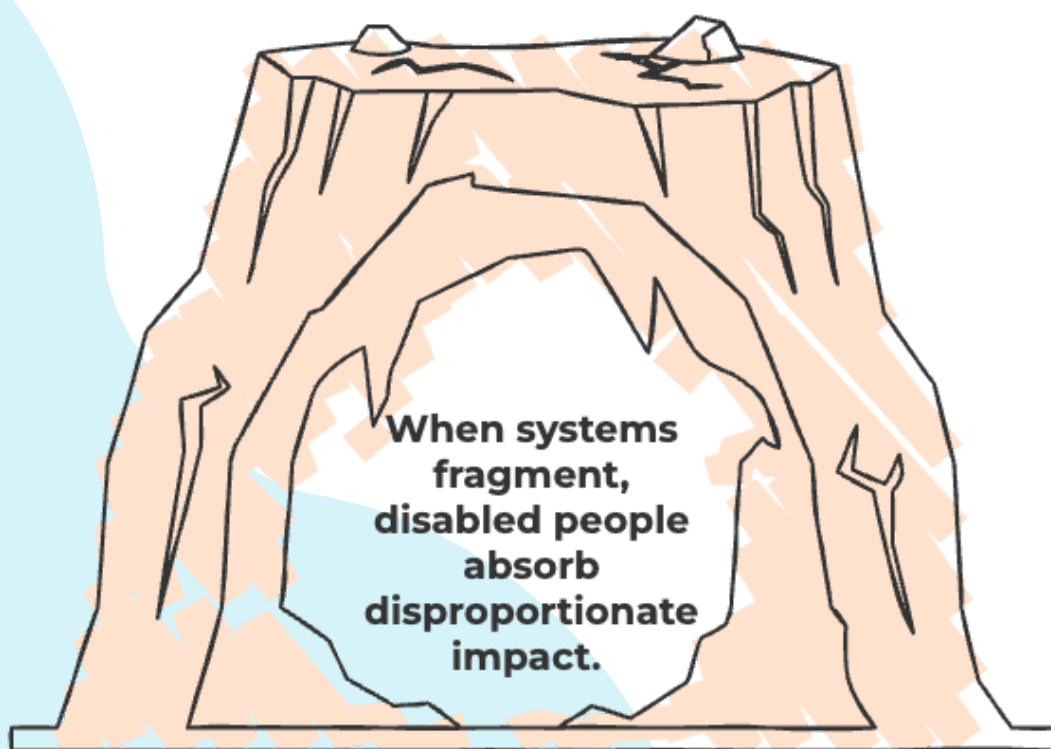


A long waitlist for gender-affirming care carries different consequences for someone already managing chronic illness. A housing dispute is harder to navigate when mobility, income stability, or bureaucratic literacy are constrained. Employment discrimination compounds faster when there are limited income replacement options or insufficient disability supports.

Under current healthcare strain and increasingly digital service delivery models, administrative processes assume time, stable connectivity, mobility, and institutional familiarity. Those assumptions are rarely named. Yet they shape who can successfully navigate systems and who cannot.

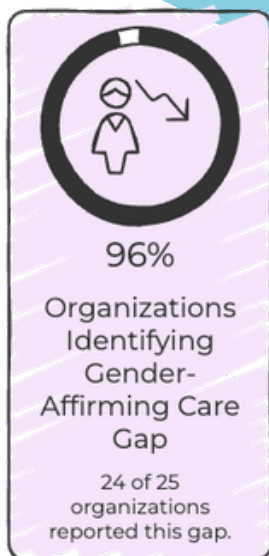
The Tracker reflects this quiet exclusion: requests where individuals did not follow up after receiving information; inquiries that required sustained documentation gathering; cases where legal recourse was technically available but practically inaccessible. These are not failures of motivation. They are signs of structural inaccessibility embedded within service design.

Disability justice, in this context, is not a niche policy area. It is central to understanding how structural strain compounds.





Gender-Affirming Care as a Pressure Point



Gender-affirming care is a critical unmet need for most organizations.

The language used by respondents is stark: closed waitlists, unclear pathways, provider shortages, uneven provincial coverage. Broader reporting on hospital overcrowding and extended wait times in Ontario further contextualizes these access constraints within system-wide capacity strain (Canadian Union of Public Employees, n.d.). Gender-affirming care does not exist outside this ecosystem; it is filtered through the same infrastructure pressures that affect surgical backlogs, specialist availability, and primary care access.

The Tracker reflects similar patterns, with individuals reaching out after exhausting formal healthcare options or encountering discrimination within primary care settings. In one case, a youth received initial resource links but did not re-engage. That silence is itself data. It suggests that navigating entry points requires more than information; it requires stability, safety, and sustained capacity.

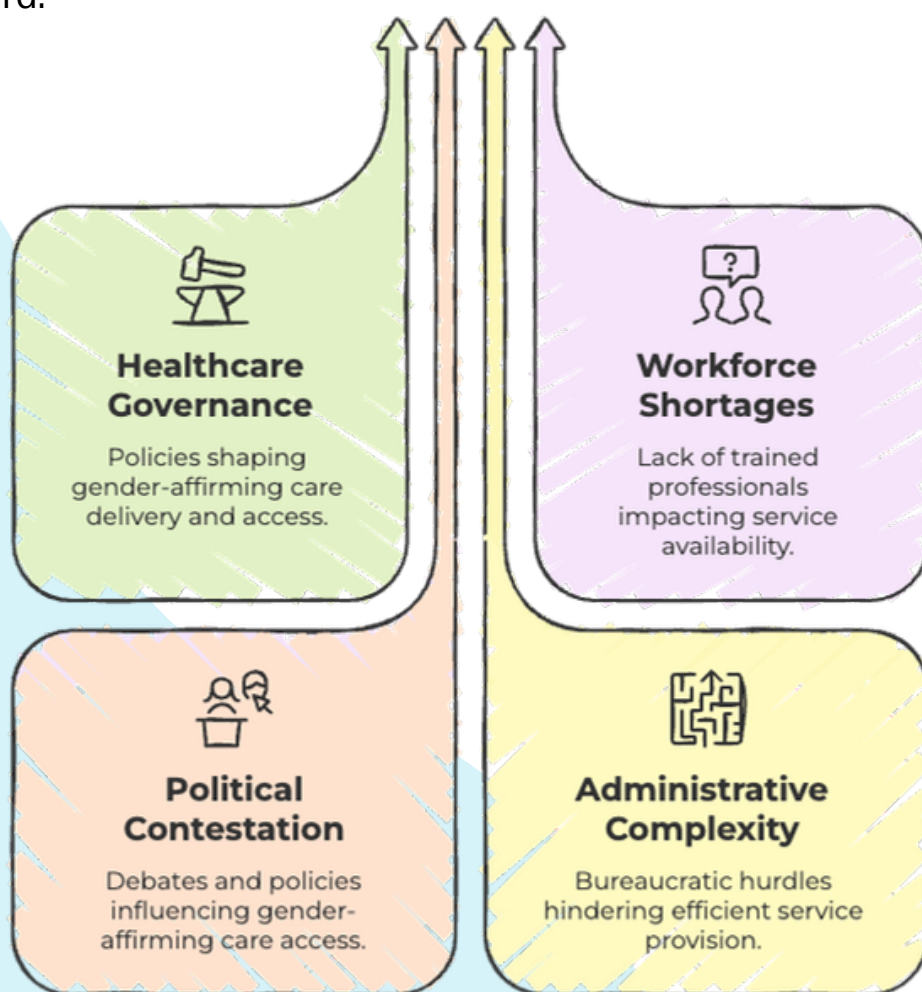
Access to gender-affirming care in Canada remains provincially governed and regionally uneven. Over recent years, healthcare system strain combined with intensified public debate around trans healthcare and school inclusion policies has increased uncertainty for both service providers and community members.



The consequences extend beyond healthcare access. Delayed care contributes to mental health distress. Mental health instability affects employment retention. Employment precarity increases housing vulnerability. What begins as a healthcare access issue quickly becomes a multi-system crisis.

Organizations are repeatedly asked to step into this gap – to interpret eligibility criteria, identify affirming providers, prepare documentation, and sometimes manage informal case coordination. Yet they hold no authority over healthcare funding, provider distribution, or provincial regulatory frameworks.

Gender-affirming care functions here as a structural pressure point – a site where healthcare governance, workforce shortages, political contestation, and administrative complexity collide. The burden of navigation shifts downward.





Migrant Justice, Border Control, and Criminalization

Migrant and refugee justice emerge in both datasets as an area marked by compounded vulnerability and limited referral options.

Survey respondents serving trans migrants describe intersecting barriers related to status precarity, housing insecurity, employment exclusion, and healthcare access. The Tracker reflects this complexity: asylum inquiries from individuals abroad; deportation-related concerns; permanent residents navigating documentation mismatches; individuals asking whether name changes are possible when countries of origin prohibit them; refugees seeking referrals while residing outside Canada.

Immigration processing backlogs and documentation requirements create administrative bottlenecks that directly affect access to provincial healthcare, employment, and housing systems. For individuals without stable status, service access is often contingent rather than guaranteed.

Criminalization further intensifies exclusion. Organizations working with justice-involved populations described limited in-custody supports and scarce re-entry infrastructure. For some individuals, service gaps are not partial or delayed – they are absolute.

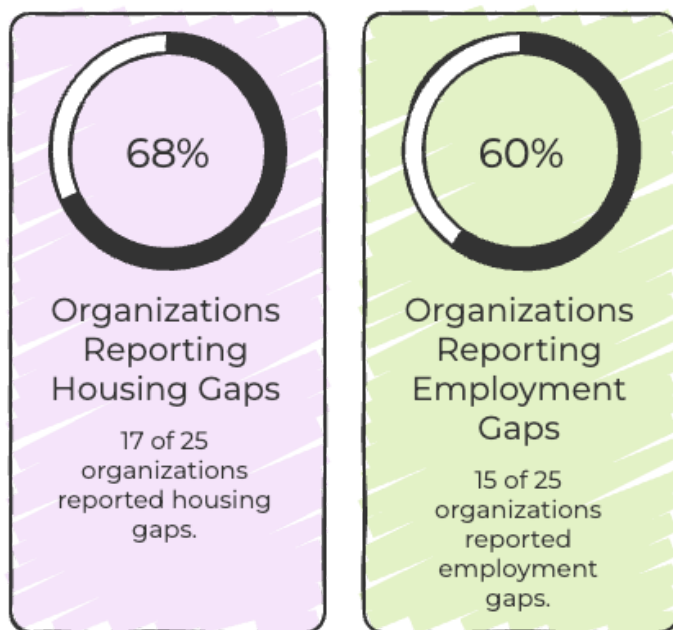
Under conditions of border enforcement, documentation dependency, and carceral restriction, access to safety becomes structurally mediated. Recent federal decision to make significant cuts to temporary housing support for asylum seekers also illustrates how shifts in immigration-related policy can immediately reshape demand patterns for community-based support (CBC News, 2025).

These are not isolated service gaps. The data indicate that migrant and justice-involved 2S/TNG communities experience layered precarity shaped by immigration policy, policing practices, and service fragmentation.



Housing and Employment as Interlocking Precarity

Housing and employment appear throughout the data not as separate domains, but as mutually reinforcing sites of instability.



Tracker entries show how employment discrimination, workplace harassment, or sudden job loss frequently precipitate housing crises. But the Tracker reveals how these domains collapse into one another.

Individuals reporting workplace discrimination or wrongful termination; municipal employees seeking guidance on documenting transphobic treatment before filing complaints; employment instability triggering legal inquiries and housing risk; doxxing and reputational harm threatening income security.

In a national housing landscape characterized by rising rents, limited affordable supply, and uneven shelter capacity, employment precarity has immediate consequences. Income instability quickly translates into housing insecurity.



Provincial income assistance architectures are structurally inadequate relative to housing costs and basic living expenses in many regions, producing predictable cycles of precarity rather than stability (Maytree, 2024). When employment disruption occurs, existing social assistance systems do not absorb shock; they intensify it. This shifts stabilization labour to community organizations operating without authority over income policy design.

At the same time, housing instability complicates employment retention. Without stable shelter, transportation, documentation storage, or consistent communication access, job security becomes fragile. The evidence suggests that housing and labour market exclusion operate as interlocking forms of precarity.

Organizations are repeatedly drawn into responding to downstream consequences – eviction risk, discrimination complaints, emergency navigation – without mandate authority over labour standards enforcement, wage protections, or housing supply.

Under sustained underinvestment and service fragmentation, housing and employment function as structural pressure zones.

They are not peripheral social issues;
they are central determinants of
safety, health, & access to justice.



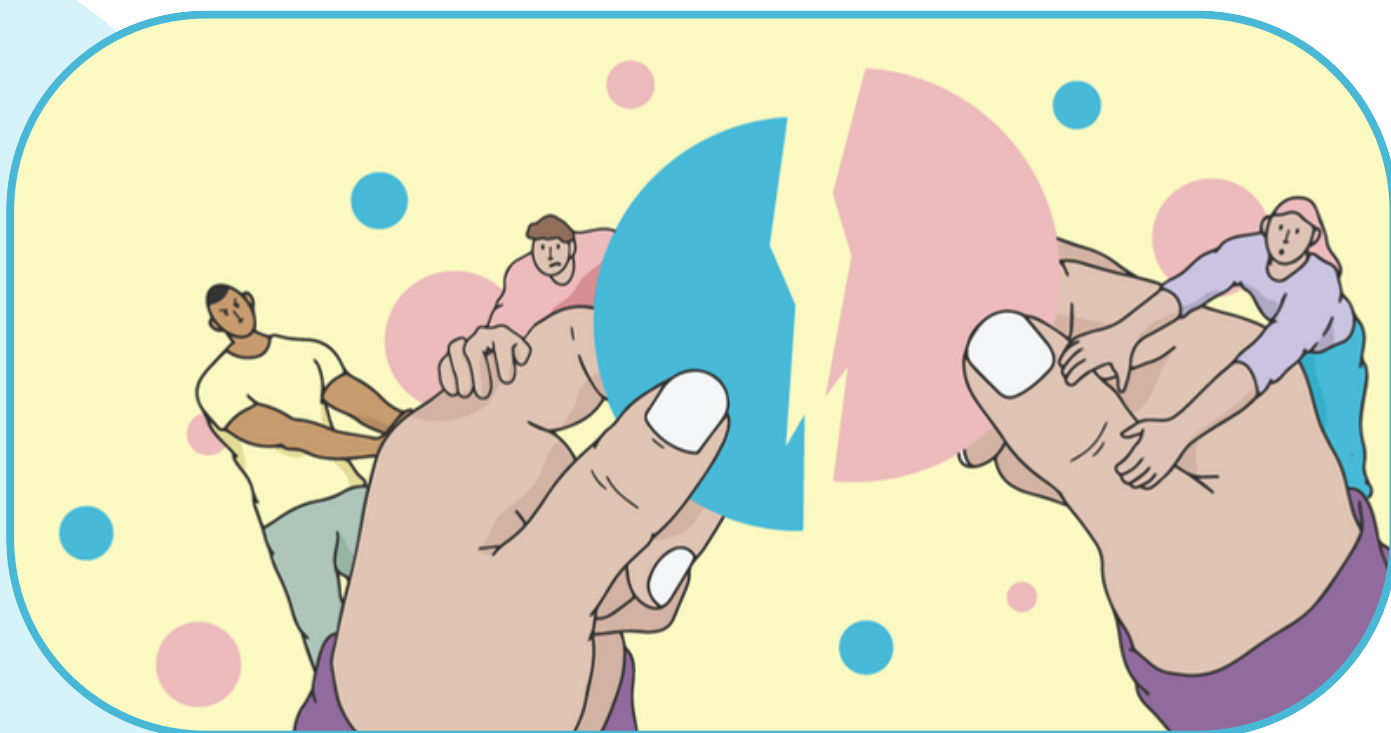


Taken Together

The findings do not describe isolated service inefficiencies. They describe cumulative structural strain.

Sustained underinvestment, fragmented governance, policy volatility, and uneven regional infrastructure have produced a landscape in which 2S/TNG-serving organizations operate as informal stabilizers of multiple strained systems. Referral coordination, navigation, and cross-sector collaboration have become core safety mechanisms.

The evidence does not support a narrative of organizational insufficiency. It supports a pattern of systemic pressure redistributed downward – from public systems to community-based organizations, operating without commensurate authority or resourcing.



Infrastructure Response

The findings of this report document sustained structural pressures across 2S/TNG-serving organizations, including funding precarity, referral fragmentation, and intersecting service gaps. In response, JusticeTrans developed shared infrastructure (1) a National Resource Guide and (2) a formalized Referral & Response Policy to mitigate immediate risks within existing constraints.

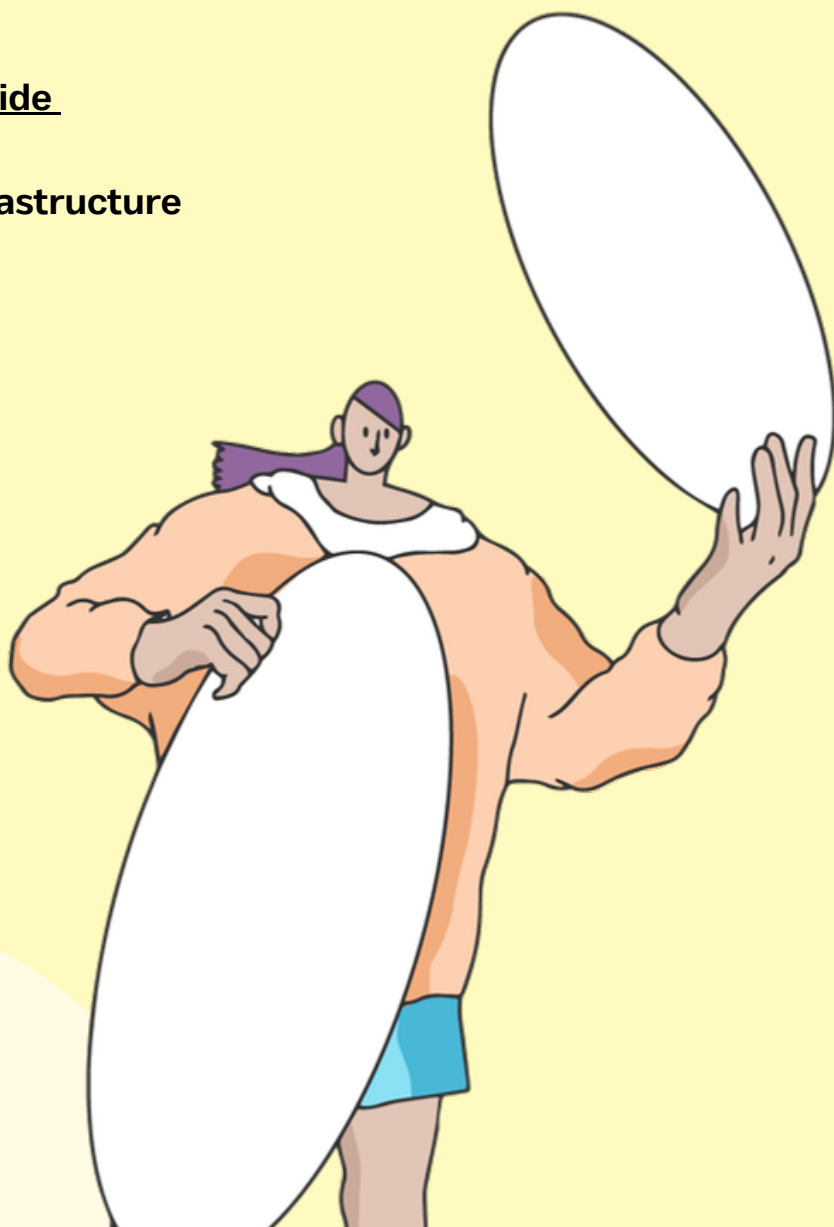
However, community-built infrastructure cannot substitute for stable public responsibility. The following recommendations outline the structural investments required to ensure long-term sustainability, safety, and equitable access across Canada.

1. National 2S/TNG Resource Guide

Overview: From Evidence to Infrastructure

The National Resource Guide was not a predetermined deliverable of this project. It emerged directly from the patterns documented in the Community Request Tracker and National Organizational Survey.

The data compiled in this Guide was drawn exclusively from publicly available sources, including organizational websites, directories, and published contact information. No private or confidential data is included.





Across both datasets, referral fragility surfaced as a recurring structural issue. Organizations described reliance on informal, memory-based referral systems, frequent duplication of research labour, and loss of institutional knowledge due to staff turnover. Simultaneously, JusticeTrans' internal tracker revealed how often referrals were required within unstable or incomplete information environments.

In response, the Guide was developed as shared infrastructure rather than a static directory.

It operates through a dual-access model designed to reflect how referral work functions in practice.

Access Model and Information Governance

1. Sector-Facing Live Infrastructure

A continuously maintained version will be made available to sector partners at no cost.

This live infrastructure supports:



Referral Coordination

Streamlining referrals across regions for seamless support.



Scope Boundaries

Defining clear roles to avoid overlap and ensure efficiency.



Staff Memory Reduction

Implementing systems to reduce reliance on individual memory.



Shared Practices

Establishing consistent updating and verification methods.

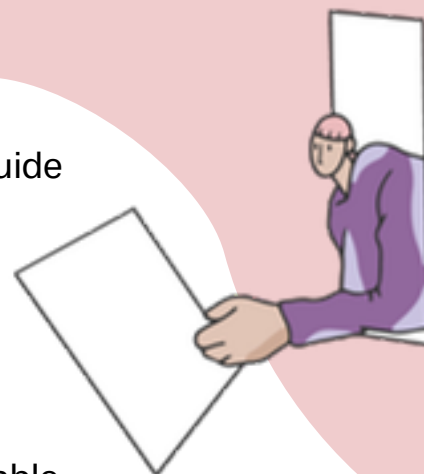


Knowledge Retention

Preserving and sharing knowledge across regions.



One of the study's core findings was that referral knowledge is often embedded in individual staff rather than shared systems. When staff leave, that knowledge frequently leaves with them. A live, sector-accessible Guide redistributes this burden structurally rather than individually

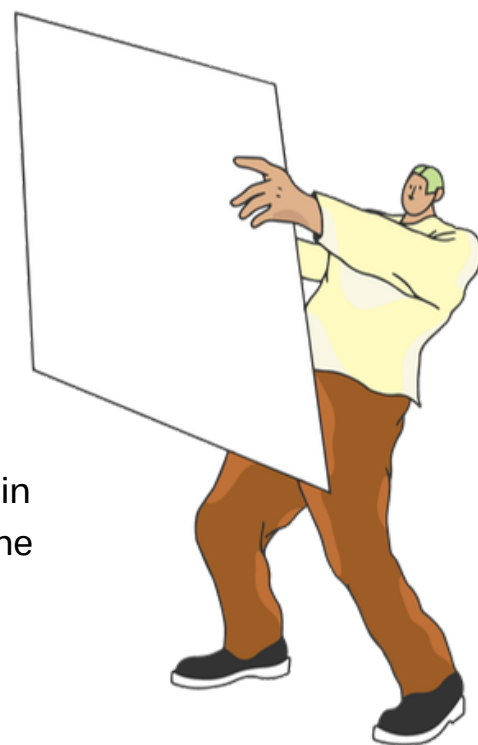


2. Public-Facing Navigation Tool

A structured and searchable version is also made available through the JusticeTrans website to support community access.

The public-facing version prioritizes:

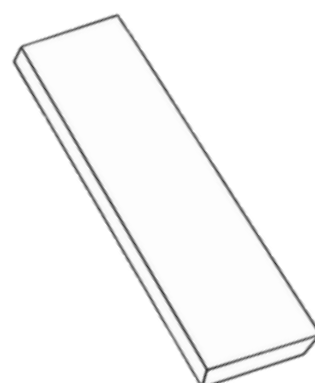
- Clear, plain-language descriptions
- Transparent entry conditions and eligibility notes
- Visibility of mandate limits
- Reduced retraumatizing navigation experiences
- Increased transparency around service availability



This layered model reflects the dual reality documented in the research: referral work operates simultaneously at the organizational coordination level and at the frontline of community navigation.

Organizations listed in the Guide may request updates, corrections, or removal at any time. Each entry includes a “last verified” date to support transparency and responsible maintenance.

The Guide reflects publicly available information at the time of compilation and does not constitute endorsement of listed organizations.



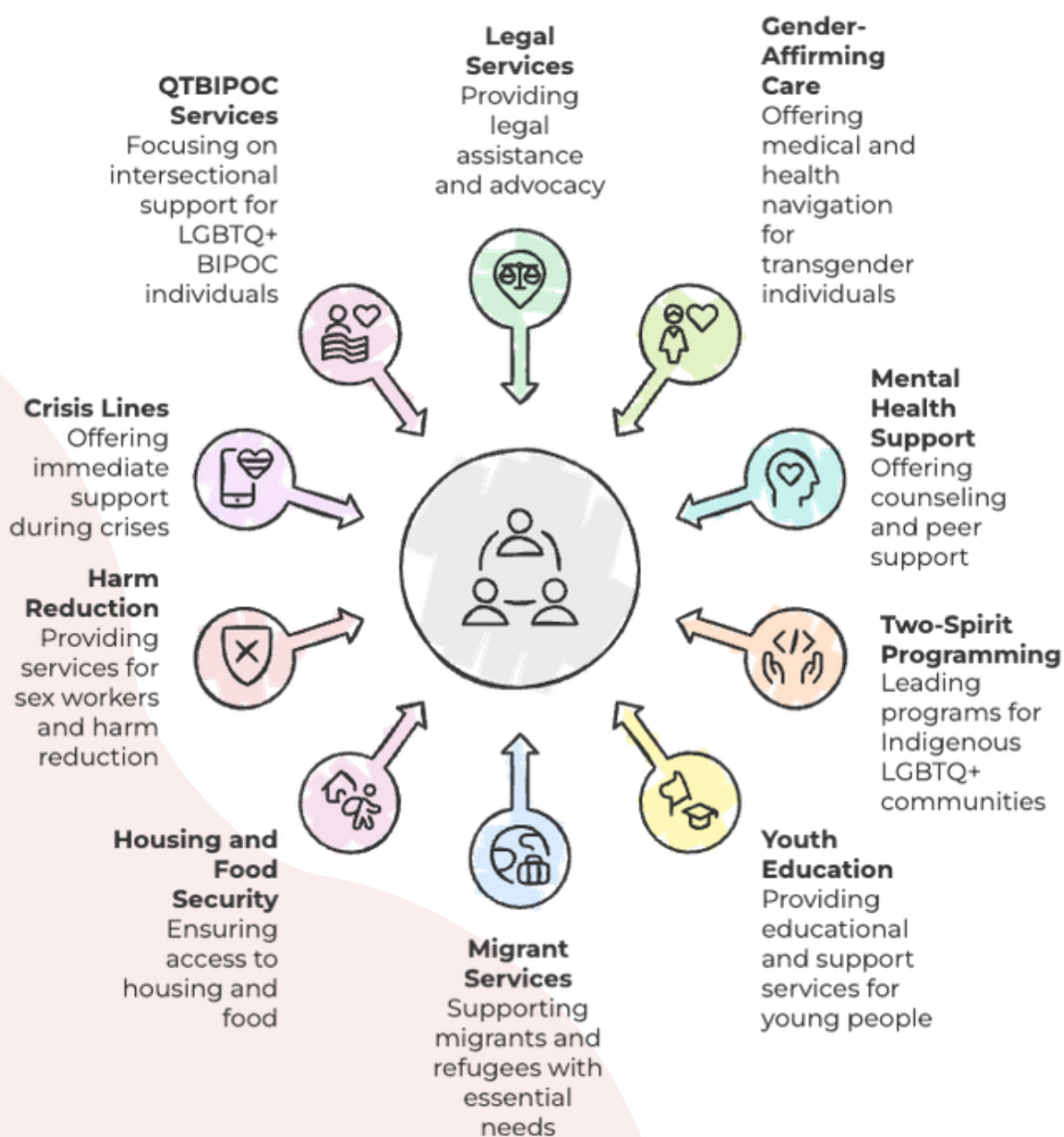


Scope and Composition

As of February 16, 2026, the Guide includes 511 organizations across Canada. It spans:

- All 10 provinces and 3 territories
- National-level organizations
- Urban, rural, and remote communities

Included organizations represent a wide range of interconnected service domains, including:





The breadth of the Guide reflects a central finding of this report: access to justice, health, housing, income stability, and safety for 2S/TNG communities does not occur within isolated service silos. These systems are structurally interconnected, and referral pathways must reflect that reality.

Structural Design

Each entry in the Guide is standardized to support safer referral and more informed navigation. Core fields include:

- Organization name and location (with verified hyperlink)
- Direct services offered
- Intended communities served
- Contact information
- Service category
- Affirmation basis (e.g., 2S/TNG-led, explicitly affirming, inclusive by mandate)
- Access model (direct access, eligibility-based, formal intake process)
- “How to approach” guidance (self-referral, documentation requirements, referral needed)
- Date last verified

This structure intentionally surfaces access conditions rather than assuming them.

Throughout the research, organizations described referrals failing not because services did not exist, but because entry conditions were unclear, documentation requirements were burdensome, waitlists were closed, or safety could not be confirmed. By making mandate boundaries, entry points, and verification dates visible, the Guide seeks to reduce guesswork and mitigate referral-related harm.



Geographic and Structural Patterns

Compiling the Guide also made visible patterns that align with survey findings:

- Significant concentration of services in major urban centers
- Limited availability of specialized gender-affirming healthcare outside metropolitan regions
- Scarcity of trans-specific legal supports in several provinces
- Uneven distribution of 2-Spirit-led programming
- High reliance on peer-based and volunteer-led models in smaller communities
- Service deserts in northern and remote regions

These patterns reinforce the structural analysis presented in Part III. Infrastructure is not evenly distributed across geography or service domains. In many contexts, referral work compensates for these inequities by attempting to bridge gaps that reflect broader public disinvestment.

2. Referral & Response Policy

The findings documented in Parts II and III made clear that referral work is central to 2S/TNG-serving organizations. It is also risk-bearing.

Across both datasets, organizations described:

- Scope mismatch between funded mandates and incoming need
- Fragile and informal referral pathways
- Repeated navigation of unclear or unsafe service environments
- Capacity strain caused by high-intensity requests





JusticeTrans' internal Community Request Tracker further demonstrated that more than one-third of incoming requests fell outside its formal Public Legal Education and Information (PLEI) mandate. Staff frequently engaged in time-intensive navigation, research, and harm-reduction guidance even when no secure referral could be confirmed.

These patterns indicated the need for clearer, formalized standards governing referral and response practices.

In response, JusticeTrans developed and adopted a Referral & Response Policy (effective March 2026) grounded in both project evidence and accumulated frontline experience.

This policy represents an infrastructure response to documented structural pressure.

Purpose and Scope

The Referral & Response Policy was developed to:

- Clarify mandate boundaries within a PLEI framework
- Standardize triage and urgency screening
- Reduce harm in referral-dependent contexts
- Protect staff capacity and prevent mandate creep
- Improve transparency in cases where no safe referral exists

The policy recognizes that referral work functions as safety work within fragmented public systems. Formalizing this practice reduces reliance on informal discretion and individual memory.





Core Components

The policy establishes structured protocols for:

Scope Clarification

Clear language distinguishing legal information from legal advice or representation.

Urgency Assessment

Guidelines for identifying crisis-level requests, ongoing structural need, and non-urgent inquiries.

Referral Verification Standards

Minimum research expectations prior to sharing a referral, including confirmation of service scope and public availability.

“No Safe Referral” Protocol

Procedures for responding when no appropriate or safe referral can be identified, including harm-reduction guidance and transparent boundary-setting.

Privacy and Data Minimization

Limits on information retention and guidance on documentation practices.

Staff Care and Workload Safeguards

Recognition of vicarious trauma risks and structural limits on unpaid coordination labour.

Together, these components move referral work from informal adaptation to formalized infrastructure.



Shared Infrastructure Commitment

Consistent with the findings of this report, JusticeTrans will make the Referral & Response Policy publicly available at no cost.

This decision reflects two core principles:

1. Referral fragility is sector-wide, not organization-specific.
2. Infrastructure should be shared, not siloed.

By making this policy available, we aim to contribute to a broader culture of shared operational standards among 2S/TNG-serving organizations.

The policy may serve as:

- A template for adaptation
- A training tool for new staff
- A reference document during board transitions
- A starting point for collaborative sector-wide refinement

This approach positions organizational policy not as proprietary knowledge, but as community infrastructure.

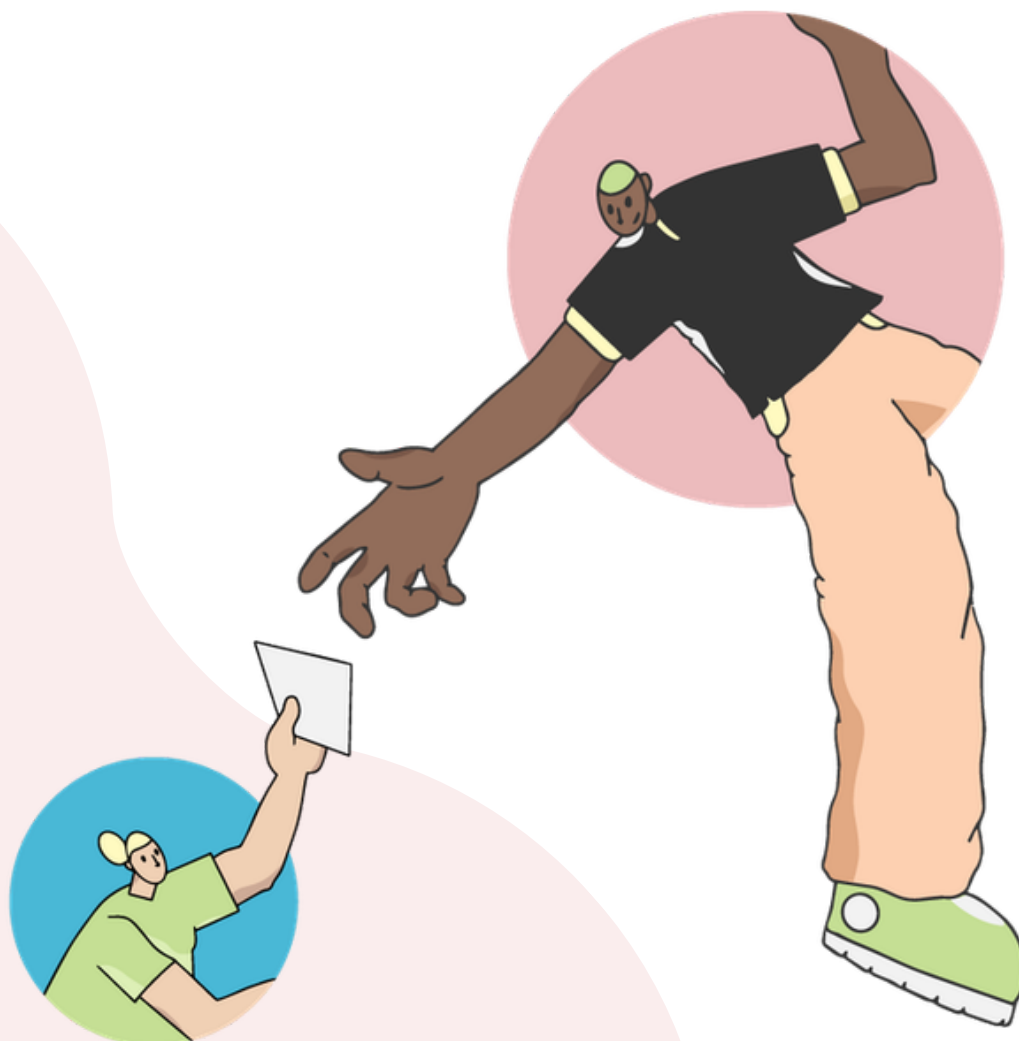


Relationship to Structural Findings

The development of this policy reinforces a key insight of the research: When public systems are fragmented and under-resourced, community organizations absorb coordination labour without formal authority or protection.

Formalizing referral standards does not eliminate structural underinvestment. It mitigates its most immediate harms by clarifying boundaries, reducing ambiguity, protecting staff sustainability, and increasing transparency for community members.

This policy represents a shift from reactive navigation toward intentional infrastructure. It is intended as the first of multiple shared organizational standards emerging from this body of work.





Recommendations

The evidence presented in this report documents sustained structural strain across 2S/TNG-serving organizations in Canada. These pressures are not the result of isolated service inefficiencies. They reflect funding design, administrative fragmentation, geographic inequity, and cross-system misalignment.

Community-built infrastructure can mitigate immediate harm, however; it cannot substitute for structural investment.

The following recommendations are directed to funders, governments, and sector actors with the capacity to address the systemic conditions identified in this report.

Recommendations for Funders

1. Prioritize Multi-Year Core and Infrastructure Funding

Across the national survey, funding and capacity constraints were the most frequently cited reasons organizations could not meet requests. Referral coordination, navigation, and verification work – all central to safety – remain largely unfunded.

Funders should:

- Shift from short-term, project-based grants toward multi-year core operational funding
- Recognize referral coordination and infrastructure maintenance as essential service functions
- Fund shared infrastructure (e.g., live referral systems, verification labour, policy development) as durable public goods
- Support staff retention, training, and workload stabilization.

Infrastructure cannot be sustained on pilot cycles.





1. Align Funding Frameworks with Intersecting Needs

The data demonstrate that community members rarely present single-issue challenges. Housing instability, healthcare access, employment precarity, disability, migration status, and safety concerns intersect predictably. Rigid funding silos contribute to scope mismatch and structural triage.

Funders should:

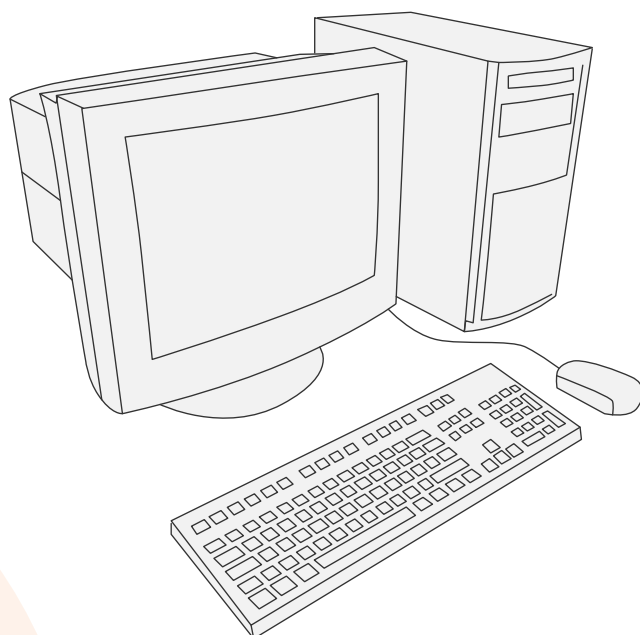
- Permit flexible use of funds across overlapping domains
- Resource triage and navigation work that falls between traditional service categories
- Avoid penalizing organizations for responding to complexity rather than discrete outputs
- Funding design should reflect lived system navigation, not administrative compartmentalization.

3. Resource Shared Knowledge Infrastructure

Referral knowledge is frequently embedded in individual staff rather than institutional systems. Staff turnover results in repeated duplication of research labour and information loss across the sector.

Funders should:

- Invest in shared, open-access referral infrastructure
- Support ongoing verification and maintenance functions
- Recognize knowledge retention as sector capacity building



Information stability is safety infrastructure.



Recommendations for Governments

4. Reduce Administrative Barriers That Compound Exclusion

Both datasets document recurring harm linked to documentation requirements, ID mismatches, eligibility restrictions, complaint system complexity, and fragmented healthcare pathways.

Governments should:

- Simplify name and gender marker change processes across jurisdictions
- Reduce documentation barriers affecting migrants and precariously documented individuals
- Increase transparency and consistency in gender-affirming healthcare referral pathways
- Strengthen enforcement against discriminatory service denial
- Administrative systems should facilitate access, not reproduce exclusion

5. Address Employment and Income Precarity as Structural Equity Issues

Employment instability emerged as a recurring driver of housing vulnerability, healthcare disruption, and mental health strain. Community organizations are routinely asked to manage downstream consequences without authority over labour systems.

Governments should:

- Strengthen labour protections and enforcement mechanisms
- Invest in worker rights education and early intervention pathways
- Recognize employment precarity as an access-to-justice issue affecting 2S/TNG communities
- Upstream labour stability reduces downstream crisis responses.

6. Invest in Regional and Rural Equity

The Guide and survey findings reveal significant geographic inequities in service availability, particularly outside major urban centres.

Governments should:

- Expand gender-affirming healthcare capacity beyond metropolitan regions
- Support regional legal navigation infrastructure
- Invest in tele-navigation and remote access models
- Prioritize northern and rural service development

Access should not be contingent on postal code.





Recommendations for Sector Coordination and Systems Alignment

7. Strengthen Cross-Organizational Infrastructure Practices

The findings demonstrate that referral knowledge is frequently decentralized, informal, and dependent on individual staff. Staff turnover, workload intensity, and capacity constraints contribute to information loss and duplicated research labour across the sector.

Sector partners should:

- Clarify mandate boundaries and scope publicly to reduce referral loops
- Participate in shared referral and verification systems where available
- Contribute updates, corrections, and regional knowledge to shared infrastructure tools
- Reduce reliance on memory-based or individually held referral knowledge

Stability in referral pathways is a collective responsibility. Shared infrastructure only functions when it is actively used, updated, and maintained across organizations.

8. Prioritize Use of Verified, Updated Referral Tools

Where shared referral infrastructure exists, sector actors should integrate it into routine practice.

Organizations are encouraged to:

- Use verified, continuously updated referral tools rather than static or outdated lists
- Embed shared resource systems into staff onboarding and training processes
- Develop internal protocols for regularly reviewing and updating referral information

The evidence in this report demonstrates that inaccurate or outdated referral information can delay access, increase risk, and contribute to retraumatizing navigation experiences. Strengthening information integrity is therefore a safety practice, not an administrative preference.



Conclusion

The Transcend Community Support & Connection Program began with a practical question: what do patterns in real-time service requests reveal about the conditions under which 2S/TNG-serving organizations are operating? By integrating administrative intake data with sector-wide survey responses, this report brings together two vantage points: what reaches community organizations in moments of need and how organizations describe their capacity to respond.

Across both datasets, consistent structural pressures emerge. Community members rarely encounter single-issue barriers. Housing instability intersects with healthcare access. Employment discrimination overlaps with legal navigation. Immigration status shapes eligibility for provincial systems. Disability compounds bureaucratic processes that assume time, stability, and institutional familiarity. These configurations are not isolated. They recur across regions, service types, and organizational mandates.

Participating organizations reported persistent gaps in gender-affirming care, general healthcare, housing, employment supports, and legal services. Funding and scope constraints were identified as the most common reasons requests could not be met. Referral systems were frequently described as informal, decentralized, and vulnerable to turnover.

JusticeTrans' internal administrative data reflect the same landscape. Nearly half of incoming requests required referral work, often within unstable information environments. In some cases, no safe or appropriate referral pathway could be confirmed. These patterns do not indicate a lack of organizational effort but a structural misalignment between public responsibility and community response.



The convergence of findings across independent data sources strengthens this interpretation. Pressures documented at the intake level are mirrored in sector-wide reporting. The patterns are not episodic or organization specific. They are systemic.

In response to this evidence, Transcend translated documentation into infrastructure.

The Referral & Response Policy formalizes harm-reduction triage, scope clarification, referral verification, and staff care practices within a public legal education mandate. It standardizes work that is often performed under urgency and constraint.

The National 2S/TNG Resource Guide – spanning 511 publicly listed organizations across Canada – addresses documented referral fragility, knowledge loss, and duplicated research labour. Designed as both a live sector-facing tool and a public navigation resource, it aims to stabilize referral pathways and reduce unnecessary barriers to access. These outputs were not predetermined. They emerged directly from patterns identified in the data.

At the same time, it is important to be clear about the scope of this report. While community-built infrastructure can reduce harm, improve coordination, and strengthen referral integrity, it cannot substitute for sustained public investment in healthcare systems, housing supply, labour protections, immigration processing, or regional service equity.

Where scope mismatch persists, responsibility shifts downward and organizations absorb pressures they did not create.



The evidence presented here is practice-grounded. It draws from routine administrative documentation and voluntary sector reporting rather than population-representative sampling. Its strength lies in convergence: the same structural patterns appear across intake data and across organizational reporting from multiple provinces. This alignment underscores the reliability of the findings while clarifying their limits.

Gender-diverse communities in Canada experience disproportionately high rates of poverty and employment precarity, even when educational attainment is comparable to the broader population. These inequities are further compounded by racism, disability, migration status, rurality, and criminalization. The structural pressures documented in this report are therefore not incidental; they are embedded in broader economic and governance systems.

When systems are designed to function effectively for those navigating the most complex and intersecting barriers, they become more stable and more coherent for everyone. Infrastructure that supports those facing the greatest structural exclusion strengthens the integrity of the whole.

Transcend documents pressure. It builds practical responses. And it demonstrates that **community-led infrastructure is not peripheral to public systems – it is foundational to whether those systems function at all.**





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